2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000053963 May 08, 2000 8:00 am Secretary of State 1. Entity Name DEBRA BRUNNER, INC. 04-19-2000 90041 049 ***150.00 Principal Place of Business Mailing Address 12555 WINNERS CIRCLE 12555 WINNERS CIRCLE SPRING HILL FL 34610 **SPRING HILL FL 34610-4811** 2. Principal Place of Business 3. Mailing Address RosecT Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For -2 59-3578541 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Debra runner BRUNNER, DEBRA Street Address (P.O. Box Number is Not Acceptable) 12555 WINNERS CIRCLE SPRING HILL FL 34610 Rose La d CT City Zia Gode tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 D. Addition TITLE ☐ Delete TITLE Dobia BRUNNER, DEBRA NAME NAME STREET ADDRESS 12555 WINNERS CIRCLE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-792 CITY-ST-ZIP Channa ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OF

4/19/1012/2010/04/2014/2017/01/2017/01/2017/01/2017/01/2017/01/2017/01/2017/01/2017/01/2017/01/2017/01/2017/01

Daytime Phone #