

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000056289****1. Entity Name**  
KHASON, INC.**Principal Place of Business**  
8907 REGENTS PARK DR STE 370  
TAMPA FL 33647**Mailing Address**  
8907 REGENTS PARK DR STE 370  
TAMPA FL 33647**2. Principal Place of Business**  
2531 NW 53RD TERR**3. Mailing Address**  
2531 NW 53RD TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
GAINESVILLE FL**City & State**  
GAINESVILLE FL**4. FEI Number**  
59-3583467**Applied For**  
Not Applicable**Zip**  
32606**Country**  
US**Zip**  
32606**Country**  
US**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MOREHEAD WAYNE S**  
8907 REGENTS PARK DR STE 370  
TAMPA FL 33647**Name**  
MOREHEAD WAYNE S  
**Street Address (P.O. Box Number is Not Acceptable)**  
2531 NW 53RD TERR  
**City**  
GAINESVILLE **FL** **Zip Code**  
32606**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.****SIGNATURE WAYNE S. MOREHEAD****05/01/2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☒ Addition  
**NAME** AS  
**STREET ADDRESS** MOREHEAD CASSANDRA B  
**CITY-ST-ZIP** 2531 NW 53RD TERR  
GAINESVILLE FL 32606**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☒ Addition  
**NAME** PSD  
**STREET ADDRESS** MOREHEAD WAYNE S  
**CITY-ST-ZIP** 2531 NW 53RD TERR  
GAINESVILLE FL 32606**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**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 if 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** Wayne S. Morehead**Prox** 05/01/2000