2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000059092** 1. Entity Name STANBROUGH CORPORATION 01-18-2000 90104 044 ***150.00 Mailing Address 680 -- ISLAND WAY.UNIT 505- 610 676-ISLAND WAY.UNIT 1998 CLEARWATER FL 33767-1985 CLEARWATER FL 33767 2. Principal Place of Business 3. Mailing Address 680 ISLAND WAY SAME Suite, Apt. #, etc. 5AME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #610 CLEARWATER, Applied For 59-3602436 Not Applied in Country Country SATUL \$8.75 Additional 5. Certificate of Status Desired 33767 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STANBROUGH, GENE W Street Address (P.O. Box Number is Not Acceptable) 680 570 ISLAND WAY, UNIT 699-610 **CLEARWATER FL 33767** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After 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 DES TRAFFERS AND DIRECTORS BENE W. STANBROUGH 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE TITLE BED IGLAND WAY #610 NAME NAME OLEARWATEN, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 23767 CITY-ST-ZIP PRES SECY Delete TITLE ☐ Change Addition TITLE ETHEL M. STANBROUGH 680 ISLAND WAY #610 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEANWATER, FL. 38767 ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 employed 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 attag

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE: GENERIW

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

☐ Change

☐ Addition