2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059116

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

LEONARD, THOMAS M

VERO BEACH FL 32964

VERO BEACH FL 32964

LEONARD, ETHEL W

Tax filing requirement and elects to do so

PO BOX 8126

PO BOX 8126

(See criteria on back)

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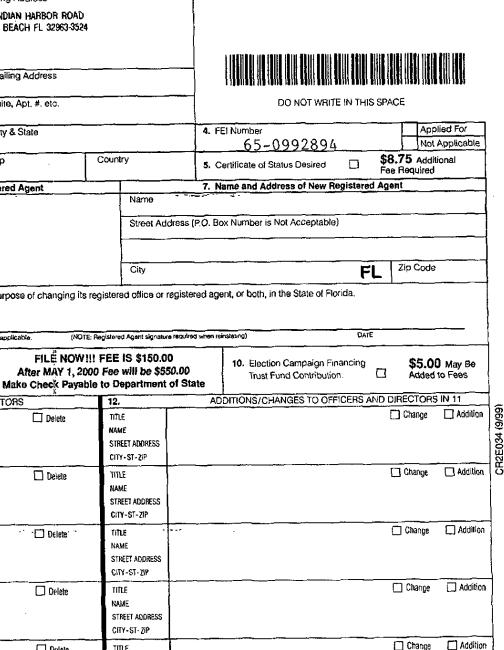
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TOMEL MANAGEMENT CO., INC. Mailing Address Principal Place of Business 611 INDIAN HARBOR ROAD INDIAN HARBOR ROAD VERY BEACH FL 32963 VERO BEACH FL 32963-3524 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name GARRIS, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BLVD VERO BEACH FL 32963 City 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.

FILED May 11, 2000 8:00 am Secretary of State

03-07-2000 90059 038 ***150.00



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.

FILÉ NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR DISINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Change

☐ Addition