2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # **P99000059301** TOUCHDOWN CONSULTING, INC. 03-14-2000 90006 009 ***150.00 Mailing Address Principal Place of Business 601 BAYSHORE BLVD. ### BAYSHORE BLVD. SUITE 700 SHITE 700 TAMPA FL 33606-2756 1AMPA FL 33606 3. Mailing Address 2. Principal Place of Business 303 FLORIDA 303 FLORIDA AVENUE AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable TAMPA TAMPA Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired u.s.A Fee Required ろろしいる 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TATIA MARIE HUDOCK, LESLIE WAGER Street Address (P.O. Box Number is Not Acceptable) 601 BAYSHORE BLVD. FLORILAND SUITE 700 TAMPA FL 33606 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. RRY PRESIDENT FILE NOW!!! FEE-IS-\$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12 11. PRESIDENT Change ☐ Delete TITLE TITLE TATIA M. BERRY NAME NAME 303 FLORILAND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, 33612 VICE PRESIDENT Change ☐ Addition TITLE TITLE MICHAEL D. BERRY NAME FLORILAND A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33612 CITY-ST-ZIP Change Addition SECRETARY TITLE ☐ Delete MICHAEL D. BERRY NAME 303 FLORILAND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE reasurer NAME MICHAEL D. BERRY NAME STREET ADDRESS STREET ADDRESS AND AVENUE CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change ☐ Delete TITLE 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 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

TATIA M. BERRY

SIGNATURE: