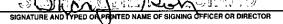
## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2000 8:00 am Secretary of State DOCUMENT # P99000059332 GROH & ASSOCIATES CORP. 02-11-2000 90018 015 \*\*\*150.00 Mailing Address Principal Place of Business 6113 BAYSIDE KEY DRIVE 6113 BAYSIDE KEY DRIVE TAMPA FL 33615 TAMPA FI 33615-4278 3. Mailing Address 2. Principal Place of Business 7400 N. Federal Highway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3584306 Applied For City & State City & State Boca Raton, FL Not Applica \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 33487 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINANCIAL FOUNDATIONS INC Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DRIVE CLEARWATER FL 33761 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Delete TITLE GROH, BRIAN J NAME STREET ADDRESS STREET ADDRESS 6113 BAYSIDE KEY DRIVE CITY-ST-ZIP CITY-ST-7IE TAMPA FL 33615 ☐ Detete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ · · · · · · · · ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



FILED