2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000061048 1. Entity Name THE VAN DUZER CORPORATION OF FLORIDA Principal Place of Business Mailing Address 5615 LEWIS ST. 5615 LEWIS ST. FT. MYERS BEACH FL 33931-4127 FT. MYERS BEACH FL 33931 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 VAN DUZER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 5615 LEWIS ST. FT. MYERS BEACH FL 33931 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax fiting requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12 ☐ Delete TITLE VAN DUZER, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 5815 LEWIS ST. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL 33931 Delete TITLE TITLE

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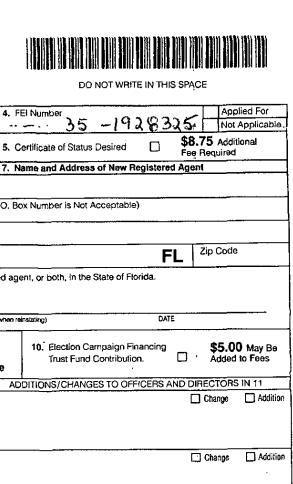
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FILED May 01, 2000 8:00 am Secretary of State

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Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 repeiver 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 the empowered. SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Despire Phone #					

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