## 2000 UNIFORM BUSINESS REPORT (UBR

Sarasota, FL  Supplication  Su	FILED Feb 01, 2000 8:00 am Secretary of State		
2. Principal Place of Business 4020 73rd Terrace East  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Sarasota, FL Sure, Apt. #, etc.  City & State Sarasota, FL Sure, Apt. #, etc.  City & State Sarasota, FL Sure, Apt. #, etc.  Country 34243  Country 34243  Country 34243  Suite, Apt. #, etc.  Country 34243  Country 34243  Suite, Apt. #, etc.  Country 34243  Country 34243  Suite, Apt. #, etc.  Country 34243  Country 34243  Country 34243  Sure Address of New Registered Agent  Name  KNOWLES, TIMOTHY A 1205 MANATEE AVE WEST BRADENTON FL 34205  City  FL 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, speed or printed name of registered agent and title # applicable*  Interpretation is eligible to satisfy its Intangible Tark filing requirement and elects to do so.  (See criteria on back)  Signature, speed or printed name of registered agent and title # applicable*  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will			
Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE			
Sarasota, FL  Sup Country  Stock of Status Desired. Status Desired			
Country   State   Status   S			
KNOWLES, TIMOTHY A 1205 MANATEE AVE WEST BRADENTON FL 34205  City  FL  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 reinstalling)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  ADM  APP /D  Jack B. Canny  STREET ADDRESS CITY-ST-ZIP  Sarasota, FL 34243  TITLE  Delete  TITLE  AMME  ANNE	ditional ed -		
1205 MANATEE AVE WEST BRADENTON FL 34205  City  FL 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)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE    Delete   TITLE   Dack   D			
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME NAME NAME NAME NAME NAME NAME NAM			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  NAME  NAME  Delete  TITLE  Delete  TITLE  NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  ADDITIONS/CHANGES TO OFFI			
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  Jack B. Canny  STREET ADDRESS  CITY-ST-ZIP  Sarasota, FL 34243  TITLE  NAME  NAME  NAME  NAME  Annette L. Canny			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  NAME  Jack B. Canny 4020 73rd Terrace East Sarasota, FL 34243  TITLE  NAME  NAME  NAME  Annette L. Canny	RS IN 11		
NAME Annette L. Canny			
CITY-ST-ZIP Sarasota, FL 34243	Addition		
	Addition		
TITLE Delete TITLE Change A  NAME STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE CHAN	☐ Addition		
TITLE	☐ Addition		
	☐ Addition		
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 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 dire of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.	r or director or Block 12 if		
SIGNATURE:  Jack B. Canny, President  Jack B. Canny, President  Jack B. Canny, President	8		