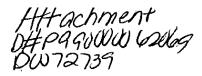
2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## FILED DOCUMENT # P9900062069 Jul 20, 2000 8:00 am 1. Entity Name SET IT OFF, INC. **Secretary of State** 07-20-2000 90015 003 \*\*\*150.00 Principal Place of Business Mailing Address 11561 WALSINGHAM RD. 11561 WALSINGHAM RD. **LARGO FL 34698 LARGO FL 34698** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATTLE, ANGELA Street Address (P.O. Box Number is Not Acceptable) 12800 VONN RD.,#6751 LARGO FL 33774 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Addition TITLE Delete Angela Battle # 6751 laboo vonn Ad # 6751 Largo, Fl. 33774 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE sheila Haynes NAME NAME 12032 Band AVE Largo, Fl. 33778 Scelest Battle 12800 Vonn Rd #6751 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ Change TITLE Delete NAME STREET ADDRESS Largo, Fl. 38774 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.





## DEPARTMENT OF STATE

I am a new corporation, which did not recieve the corporate renewal form on time. Therefor I am sending \$150.00 fee for renewal. I don't feel that I should have to pay the \$400.00 late fee please except my payment.

Thank you,

Angela Battle.