2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P9900066070 GREGORY J. VAN HOOK, P.A. 03-06-2001 90315 029 ***150.00 Mailing Address Principal Place of Business 1617 CUMBERLAND CT. E. 1617 CUMBERLAND CT. E. PALM HARBOR FL 33683 PALM HARBOR FL 33683 140400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3589769 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired .Fee Required <u>بة جا</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATKI WATKINS, CARL T Street Address (P.O. Box Number is Not Acceptable) 7845 JACKSON SPRINGS RD: **TAMPA FL 33634** MEMORIAL 5103 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 10. Election Campaign Financing \$5.00 Mav Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change VAN HOOK, GREGORY J NAME NAME STREET ADDRESS STREET ADDRESS 1617 CUMBERLAND CT. E. CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 33683 ☐ Delete ☐ Change ☐ Addition TITLE TITLE VANBECK, GREGORY J NAME NASAE STREET ADDRESS STREET ADDRESS 1617 CUMBERLAND CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 34683 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 if with all other like empowered

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORWINECTO