2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000073353

1. Entity Name

FILED May 31, 2000 8:00 am

Principal Place of Business Mailing Address 22rt SHIMMY IN TALAHASSEE FL 32008 3916 22. Principal Place of Business Suite, Apt. #, etc. City & State Country Zip Country Sa.75 Address ROBERTSON, STEVE 3221 SHIMMY IN TALAHASSEE FL 32308 City Tak Himme and Address of New Registered Agent Name City Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) 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. Signam, special present agent and left is decision do so. (See criteria on back) The Address of Directors The Make Sireet Address City Size The Address of Directors And Directors In The Name Size orbitals on back) The Make Size Address City Size The Address of Courter In Page 1 and left is decision of so. City The Make Size orbitals on back) The Make Size orbitals on back The Address of Courter In Page 1 and left is decision of so. City Size orbitals on back The Address of Courter In Page 1 and left is decision of so. City Size orbitals on back The Address of Courter In Page 1 and left is decision of so. City Size orbitals on back The Address of Courter In The Make Size orbitals on back The Address of Courter In The Make Size orbitals on back The Address of Courter In The Make Size orbitals on back The Address of Courter In The Make Size orbitals on back The Address of Courter In The Make Size orbitals on back The Address of Courter In The Make Size orbitals on back The Address of Courter In The Make Size orbitals on back The Address of Courter In The Make Size orbitals or
2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Country Country S. Certificate of Status Desired Status Desired Not Applied
City & State Country Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name ROBERTSON, STEVE 3221 SHIMMY IN. TALLAHASSEE FL 32308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SiGNATURE Signature, typed of proted name of registered agent and use if Applicable. (NOTE: Registered Agent signature required when remaining) PATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Title NAME Delate TITLE NAME SIREET ADDRESS CITY-ST-2IP Delate TITLE NAME SIREET ADDRESS SIREET ADDRESS
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6. Name and Address of Current Registered Agent ROBERTSON, STEVE 3221 SHIMMY LN. TALLAHASSEE FL 32308 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. NAME Signature is not Acceptable) PATE City FL Zip Code NOTE: Registered Agent signature required when revisiting) DATE 10. Election Campaign Financing Trust Fund Contribution. Added to Financial Contribution. Added to Financial Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP TALL PROBLEMS STREET ADDRESS STREET
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3221 SHIMMY LN. TALLAHASSEE FL 32308 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 renotation) 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 INTITUE NAME STREET ADDRESS CITY-ST-ZIP 11ILE NAME 11
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13. I hereby certify that the information supplied with this filing does not qualifor the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of this report or supplemental report is one and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or do fine corporation or the receiver of irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block of the corporation or on an attachment with an exdress with all other like empowered.
SIGNATURE: SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date