DOCUMENT # **P99000075128** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name E.L. & C. ASSOCIATION, INC. 01-20-2000 90154 019 ***150.00 Principal Place of Business Mailing Address 9736 SAN VINCENTE WAY 9736 SAN VINCENTE WAY PORT RICHEY FL 34668-3539 PORT RICHEY FL 34668-3539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. \$1 Numb 3594195 City & State City & State Applied For Not Applicable Zip Country Zip 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 Anderson SPIEGEL & UTRERA, P.A. Street Address (P.D. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** #400 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 (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD Change . Addition TITLE ☐ Delete TITLE FERRO, EDWARD J JR. NAME NAME STREET ADDRESS 9736 SAN VINCENTE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668-3539 Delete Change Addition TiTLE TITLE DE OCA, LAURA M NAME NAME STREET ADDRESS STREET ADDRESS 9736 SAN VINCENTE WAY CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668-3539 Addition | TITLE - Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Change TITLE ☐ Delete THIE বটাল বার ,, NAME NAME \$11.00 P.S. TAPATAL TABLES APPR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHAM FORMER COM CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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

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