2000 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2000 8:00 am Secretary of State DOCUMENT # P99000078188 1. Entity Name SUSAN BAX WILHELM, P.A. 01-31-2000 90095 021 ***150.00 Mailing Address Principal Place of Business 407 LEEWARD ISLAND 407 LEEWARD ISLAND CLEARWATER FL 33767-2310 CLEARWATER FL 33767-2310 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3600269 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILHELM, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 1259 S. MYRTLE AVE. **CLEARWATER FL 33765** Zip Code City FL 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 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 Change PTS ☐ Delete TITLE TITLE NAME WILHELM, SUSAN B NAME STREET ADDRESS STREET ADDRESS 407 LEEWARD ISLAND CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33767-2310 SECRETARY Addition Change Delete TITLE angera Li Wilhelm NAME 07 LEEWARD ISLAND STREET ADDRESS 3*31*67 CITY-ST-ZIP Addition ☐ Delete NAME STREET ADDRESS 34683 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE # 324 NAME STREET ADDRESS (M) CITY-ST-ZIP Change Addition TITLE ☐ Delete UMENUE NAME STREET ADDRESS CITY-ST-ZIP Addition Delete PONE TITLE NAME MANOR COURT STREET ADDRESS CLEARWATER, FL.

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

SIGNATURE

ME OF SIGNING OFFICER OR DIRECTOR)

Date

FILED