2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 25, 2000 8:00 am DOCUMENT # P99000078531 **Secretary of State** DIANNA TAYLOR'S ACCOUNTING SERVICES, INC. 03-25-2000 90004 031 ***150.00 Principal Place of Business Mailing Address 1101 N. CONGRESS AVENUE 1101 N. CONGRESS AVENUE SUITE 206 SUITE 206 **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426-3336 2. Principal Place of Business 3. Mailing Address 5311 Courtney Circl 5311 Countreu Suite, Apt. #, etc. Suite Apt # etc DO NOT WRITE IN THIS SPACE City & State FEI Number 944311 City & State Applied For Not Applicable \$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 SANDER, SCOTT M Street Address (P.O. Box Number is Not Acceptable) 1101 N. CONGRESS AVENUE SUITE 206 **BOYNTON BEACH FL 33426** 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 reinstating 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 П Trust Fund Contribution Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE CR2F034 (9/99) **C**hange Addition NAME TAYLOR, DIANNA NAME 5311 Courtney Circle Boynton Beach FL 3343 1101 N. CONGRESS AVENUE SUITE 206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BOYNTON BEACH FL 33426** TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ___ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/pm

561 142 9800