2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000079744 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name KERNS - WHITEHOUSE & ASSOCIATES, INC. 9-18-2000 90020 040 ***558.75 Principal Place of Business Mailing Address 3018 U.S. HWY 301 NORTH, STE 110 3018 U.S. HWY 301 NORTH, STE 110 **TAMPA FL 33619 TAMPA FL 33619** R0102221 2. Principal Place of Business 3. Mailing Address 3018 US HWU <u>3018 US HWU</u> 301 NHh 301 NHV DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 110 Ste 110 City & State Applied For 4. FEI Number City & State 59-35977 29 tampa lampa Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 361 USA Fee Required USA 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent --Name OTERO, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 3018 U.S. HWY 301 NORTH, STE 110 **TAMPA FL 33619** City 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: ne of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. OTT Principal 🔀 Change ■ Addition TITLE ☐ Delete OTERO, CHARLES A Otero, Charles A. NAME NAME 3014 US Hwy 301 NHh, Ste 400 Tampa FL 33619 STREET ADDRESS 18218 CLEAR LAKE DR. STREET ADDRESS CITY-ST-ZIE **LUTZ FL 33549** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE Principal TITLE KERNS, ROY A NAME NAME Same 3018 U.S. HWY 301 NORTH, STE 110 STREET ADDRESS STREET ADDRESS Same **TAMPA FL 33619** CITY-ST-ZIP CITY-ST-ZIP Same Defete: Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME 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 applies, with all other like empowered.

CITY-ST-ZIP

CITY-S1-ZIP

TITLE

NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

CAMATINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/12/0

813-228-8212

☐ Change

Addition

Daytime Phone #