2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000081378 Mar 07, 2000 8:00 am 1. Entity Name CONTINUOUS EVOLUTION, CORP. **Secretary of State** 03-07-2000 90098 033 ***158.75 Mailing Address Principal Place of Business 1302 S.E. SANCHEZ AVE. 1302 S.E. SANCHEZ AVE. OCALA FL 34471-4437 OCALA FL 34471 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 59-3600505 Not Applicable 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 Name TUCK, RICK Street Address (P.O. Box Number is Not Acceptable) 1302 SE SANCHEZ AVE. OCALA FL 34471 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 reinstating) DATE 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 12. OFFICERS AND DIRECTORS 11. Addition President Change ☐ Delete TITLE TITLE Rick Tuck NAME NAME 1302 SE Janchez Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Deala FL 34474 CITY-ST-ZIP Сhалое noitibbe ☐ Delete TITLE Vice President TITLE NAME Penny Neal NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ocala FL 34479 CITY-ST-ZIP Donna Tuck - Sec. / Tres - Change Addition ☐ Delete TITLE TITLE NAME 2217 N.E. 35th 57 NAME STREET ADDRESS STREET ADDRESS ocala FL 34479 CITY-ST-ZIP CITY-ST-ZIP Executive Advisor ☐ Change √ Addition ☐ Delete TITLE Bosch Tuck - Rogers NAME 1302 SE Sanche'z Auc STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ocala FL 34471 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP П Сћалде Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: ____

SIGNATURE AND TYPED OR DOINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

367-7751

aytime Phone #

CR2E034 (9/99)