2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am DOCUMENT # **P99000085414 Secretary of State** CEA GERMAN INVESTMENTS HOLDING, INC. 03-24-2000 90086 012 ***150.00 Principal Place of Business Mailing Address 101 E. KENNEDY BLVD., STE. 3300 101 E. KENNEDY BLVD., STE. 3300 TAMPA FL 33602 TAMPA FL 33602-5151 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3600313 Not Applicable Zip Country 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 BURNS, DAVID A Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., STE. 3300 **TAMPA FL 33602** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Addition ☐ Delete MICHAELS, J. PATRICK JR. NAME NAME STREET ADDRESS STREET ADDRESS 101 EAST KENNEDY BLVD., STE. 3300 CITY-ST-ZIP CITY - ST - ZIF TAMPA FL 33602 VAT Addition ☐ Change TITLE ☐ Delete TITLE BRAD A. GORDON NAME NAME 101 E. Kennedy Bluid St. E 3300 STREET ADDRESS STREET ADDRESS TAPAA, FZ 33602 CITY ST-ZIP CITY ST-ZIP ☐ Change Addition TITLE . TITLE □ Delete Anud A. BURNS NAME VAME 101 E. Kennedy Bend STR 3300 STREET ADDRESS STREET ADDRESS ZITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TITLE Change ☐ Addition Delete ÎÎTLE NAME IAME STREET ADDRESS TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE **L**AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ITLE ☐ Delete TITLE AME NAME

3. 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TREET ADDRESS

1TY - ST - ZIP

SIGNAPORE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date