2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000086316 Sep 14, 2000 8:00 am Secretary of State 1. Entity Name SIX TABLES, INC. 09-14-2000 90009 042 ***558.75 Principal Place of Business Mailing Address 1126 KING ARTHUR COURT UNIT 410 1126 KING ARTHUR COURT UNIT 410 DUNEDIN FL 34698 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOLAND LEW SILVERSTIEN, MURRAY B ESO Street Address (P.O. Box Number is Not Acceptable) ONE PROGRESS PLAZA STE 1210 KING ARTHUR ST PETERSBURG FL 33701 NEDIN eubonits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named LEUI PRERIDENT KOLANDO SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. D Delete TITI F ☐ Change Addition TITLE LEVI, GAIL NAME NAME STREET ADDRESS STREET ADDRESS 1126 KING ARTHUR COURT UNIT 410 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Addition Delete ☐ Change LEVI, ROLAND NAME NAME STREET ADDRESS STREET ADDRESS 1126 KING ARTHUR COURT UNIT 410 CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** Delete Change Addition NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 suppliemental 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 trusted 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. 13. I hereby certify that the information supply