2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000087199** May 15, 2000 8:00 am Secretary of State **B&W OF LAKE COUNTY, INC.** 05-15-2000 90259 030 ***150.00 Mailing Address Principal Place of Business 41 TARPON CIRCLE 41 TARPON CIRCLE WINTER SPRINGS FL 32708-4111 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROACH, REX R Street Address (P.O. Box Number is Not Acceptable) 41 TARPON CIRCLE WINTER SPRINGS FL 32708 Zip Code と というけんばく 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. PORT MOTA SIGNATURE Signature; typed or printed name of registered agent and title if applicable DATE (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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE D ☐ Delete TITLE ROACH, REX R NAME NAME STREET ADDRESS STREET ADDRESS 41 TARPON CIRCLE CITY-ST-ZIP CITY-ST-7IP WINTER SPRINGS FL 32708 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME ROACH, RICKY R STREET ADDRESS STREET ADDRESS 4433 SOUTHEAST 13TH STREET CITY-ST-ZIP ~-1 OCALA FL 34471 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROACH, GREGORY A NAME NAME STREET ADDRESS STREET ADDRESS 36330 LAKE NORRIS ROAD CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32720 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROACH, KEVIN T STREET ADDRESS STREET ADDRESS 36330 LAKE NORRIS ROAD CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32720 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME ROACH, GARY M NAME STREET ADDRESS 561 CALIBRE CREST PARKWAY, APT. 205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** Change ☐ Addition TITLE 1 ☐ Delete TITLE HUDSON, VICKIE M NAME NAME STREET ADDRESS STREET ADDRESS 936 PINFIELD COVE 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:

SANFORD FL 32773

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REX R. ROACH 4/26/00 (407)