

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90005 016 \*\*\*150.00

**DOCUMENT # P99000089019**

1. Entity Name

**CNI HOLDING CORPORATION**

Principal Place of Business

Mailing Address

**28059 U.S. HIGHWAY 19 N.  
 CLEARWATER FL 33761**

**28059 U.S. HIGHWAY 19 N.  
 CLEARWATER FL 33761-2633**

2. Principal Place of Business

3. Mailing Address

**PO Box 383**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Safety Harbor, FL**

4. FEI Number

**59-3601506**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34695**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHREFFLER, ROBERT  
 28059 U.S. HIGHWAY 19 N.,STE.300  
 CLEARWATER FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RUBECK, DUSTIN	28059 U.S. HIGHWAY 19 N.,STE.300	CLEARWATER FL 33761	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	DeMaso, Joseph A	28059 US Hwy 19 N Ste 300	Clearwater, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Anderson, Donald V	28059 US Hwy 19 N Ste 300	Clearwater, FL 33761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

*Robert H Shreffler*  
**ROBERT H SHREFFLER**

Robert H Shreffler 2/11/00 727-536-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)