2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000089396** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name CONSULTING BY RICHARD YAGER, INC. 04-28-2000 90052 008 ***158.75 Mailing Address Principal Place of Business 3526 YALE CIRCLE 1020 YALE CIRCLE FL 33569 **RIVERVIEW FL 33569-4222** 2. Principal Place of Business 3. Mailing Address 1401 1ST ST SW 1ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable FL KUSKIN RUSKIN Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required)SA US4 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AGER HALO YAGER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 3526 YALE CIRCLE RIVERVIEW FL 33569 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 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. 11. ☐ Change Addition TITLE ☐ Delete TITLE tesident NAME NAME A. YAGER JE IST ST. SW STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FL ☐ Change Addition ☐ Delete TITLE TITLE Richard A YAGER JR 1401 157 ST. S.W. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL. 33570 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNI

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