## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P99000092139 LOTT-MATHER PARTNERS, INC. 04-11-2000 90169 018 \*\*\*150.00 Mailing Address Principal Place of Business 2508 MASON OAKS DRIVE 2508 MASON OAKS DRIVE VALRICO FL 33594-8408 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address PO. 2 40K Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 3605 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Currer Registered Agent Name LOTT, RICK A Street Address (P.O. Box N 2508 MASON OAKS DRIVE VALRICO FL 33594 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bolin, in the State of Florida. DATE Signature, type FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE President NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33886 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 life empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE SHIP TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President

2-28-00

812-253-0318

Daytime Phone #