2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P99000095776** May 08, 2000 8:00 am Secretary of State FINANCIAL FOCUS, INC. 05-08-2000 90177 021 ***150.00 Mailing Address Principal Place of Business 5648 REDHAWK DR 5648 REDHAWK DR NEW PORT RICHEY FL 34655-1235 NEW PORT RICHEY FL 34655 2. Principal Place of Business 3. Mailing Address PO BOX Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-36 City & State Applied For City & State Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BONELLO, MARK A Street Address (P.O. Box Number is Not Acceptable) 5648 REDHAWK DR **NEW PORT RICHEY FL 34655** Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. . Addition Delete TITLE PRESident TITLE MARK A BOWELLO NAME NAME STREET ADDRESS STREET ADDRESS 5648 Redmark Or CITY-ST-ZIP rew part Richey CITY-ST-ZIP Delete TITLE ANNA BONE110 NAME NAME 5648 Redrawk Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE TROAS. MARK A BONEHO NAME NAME STREET ADDRESS 5648 Red HAWK DA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE se c, NAME NAME ANNA BONEILO 5648 Rad MANK ON New Port Nicher STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-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 kind ature 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 in powered to execute this port of required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truste changed, or on an attachment with an advantage of the corporation of the receiver or truste changed.

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