2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P99000096505 O'HENRY'S TAXI III COMPANY 03-20-2000 90138 003 ***150.00 Mailing Address Principal Place of Business 7600 SUN ISLAND DRIVE SOUTH 7600 SUN ISLAND DRIVE SOUTH SOUTH PASADENA FL 33707 SOUTH PASADENA FL 33707-4484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State __ 4. FEI Number 59-361-58-27 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAMERLING, HENRY Street Address (P.O. Box Number is Not Acceptable) 7600 SUN ISLAND DRIVE SOUTH SOUTH PASADENA FL 33707 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSTD** TITLE ☐ Delete TITLE Change Addition NAME KAMERLING, HENRY NAME STREET ADDRESS 7600 SUN ISLAND DRIVE SOUTH, APT. 708 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL 33707 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition TMAKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

her like empowered.

OF SIGNING OFFICER OR DIRECTOR

indicated on this report or supplement of the corporation or the receiver or tru

SIGNATURE AND TYP

changed, or on an attachment with

SIGNATURE:

report is true and lee empowered to

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accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if