2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096598

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90114 007 ***150.00

1. Entity Name

URN MASTER CORP.

Principal Place of Business	Mailing Address
6357 MORGAN LAFEE LANE FORT MYERS FL 33912	6357 MORGAN LAFEE LANE FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6357 MORGAN LAFEE LN	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS FL	City & State
Zip: 33912 / Country: LEE	Zip / Country

4. FEI Number: 65-0959262 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: JOHN L. STROMMEN Street Address (P.O. Box Number is Not Acceptable): 6357 MORGAN LAFEE LN. City: FORT MYERS FL Zip Code: 33912

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: JOHN L. STROMMEN — John L Strommen Pres. — 1/27/2000
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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROMMEN, JOHN L	NAME	
STREET ADDRESS	6357 MORGAN LAFEE LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROMMEN, JAY L	NAME	
STREET ADDRESS	6357 MORGAN LAFEE LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROMMEN, JILL	NAME	
STREET ADDRESS	6357 MORGAN LAFEE LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROMMEN, LINDA L	NAME	
STREET ADDRESS	6357 MORGAN LAFEE LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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	

CR2E034 (9/99)

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: John L Strommen — JOHN L STROMMEN Pres. — 1/27/2000 — 941-4332740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #