2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000100580 Aug 28, 2000 8:00 am Secretary of State 1. Entity Name CARCALL 2000, INC. 08-28-2000 90041 042 ***550.00 Principal Place of Business Mailing Address C/O KENNETH F. DARROW, ESQ. C/O KENNETH F. DARROW, ESQ. 9350 S DIXIE HWY, SUITE 1550 9350 S DIXIE HWY. SUITE 1550 00081759 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 21526 21526 N. 58+4 U. JOHN DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable LENDALE ENDA Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 85308 JSA 85 308 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNETH F. DAZZCID DARROW, KENNETH F Street Address (P.O. Box Number is Not Acceptable) 9350 S DIXIE HWY, SUITE 1550 MIAMI FL 33156 94005. DADELAND, BLUD 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 ASIGNATURE 🕰 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. PRESIDENT / DIRECTEUR | Delete ☐ Change ☐ Addition TITI F TITLE GERALD MOORE 21526 N. JETH DR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GLENDALE, AZ 85368 SECRETARY TREASURGE Delete Dash ☐ Addition ☐ Change TITLE TITLE ALAN LA ROSEE 10 A PARTRIDGE LANE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DMITHFIELD, RI 02917 DIRECTOR ☐ 'Addition TITLE Change DAVIS MACK NGET COWPATH LANG NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATKINSON WI 53538 TITLE DIRECTOR ☐ Delete TITLE Change ☐ Addition Roy Goss NAME 22560 N. OTTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEORIA AZ 85382 DIRECTOR ☐ Delete TITLE ☐ Change ☐ Addition TITLE DEUNIS DEVETTER 9925 RIVER EDGE DZ. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MARSHEIGLD, WI 54449 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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: