

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90207 040 ***150.00

DOCUMENT # P99000110891

1. Entity Name

CHECKMATE ACQUISITION CORP.

Principal Place of Business

Mailing Address

C/O CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324

C/O CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

220 South Flagler

220 South Flagler

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Homestead

City & State

City & State

Florida

Homestead, FL

Zip

Country

Zip

Country

33030

USA

33030

USA

FEI Number

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

(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

Change

Addition

TITLE: President
 NAME: Danny Pialen
 STREET ADDRESS: 550 Long Pt. Rd. Suite C
 CITY-ST-ZIP: Mt. Pleasant, SC 29464

TITLE: Anthony Huff, Vice President, ass. Sec.
 NAME: Anthony Huff
 STREET ADDRESS: 10602 Timberwood Circle #9
 CITY-ST-ZIP: Louisville, KY 40223

TITLE: Secretary, Treasurer
 NAME: Marion Huff
 STREET ADDRESS: 10602 Timberwood Circle #9
 CITY-ST-ZIP: Louisville, KY 40223

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
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 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]

3. 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: Marion Huff 4/24/00 502-339-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)