2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 5

FILED **DOCUMENT # S01608** May 15, 2000 8:00 am Secretary of State ST. GEORGE COMPANY 05-15-2000 90293 032 ***150.00 Mailing Address Principal Place of Business 12908 AIR WAY STREET 12908 AIR WAY STREET PANAMA CITY FL 32404-833 PANAMA CITY FL 32404-2833 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0218770 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, JUDITH C Street Address (P.O. Box Number is Not Acceptable) 12908 AIR WAY STREET PANAMA CITY FL 32404-2833 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition VASD ☐ Delete TITLE TITLE YOUNG, DAVID F. NAME NAME STREET ADDRESS STREET ADDRESS 12908 AIR WAY STREET CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL 32404-2833 Change Addition ☐ Delete TITLE TITLE YOUNG, JUDITH C. NAME STREET ADDRESS STREET ADDRESS 12908 AIR WAY STREET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404-2833 ☐ Addition ☐ Delete Change TITLE HUGHEY, BONNIE J. NAME NAME STREET ADDRESS STREET ADDRESS 18495 S DIXIE HWY, B102 CITY-ST-ZIP City-ST-71P 'Miami 'Fl` 33157' Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 port 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 the empowered.