2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am **DOCUMENT # S09858** 1. Entity Name **Secretary of State** ALEX. M. GLUHAREFF, INC. 03-14-2000 90024 049 ***150.00 Mailing Address Principal Place of Business P.O. BOX 66 4700 PINE ISLAND ROAD NW MATLACHA FL 33993-0066 MATLACHA FL 33993 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0230281 Not Applicable \$8.75 Additional Country Zip 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 GLUHAREFF, ALEXANDER M. Street Address (P.O. Box Number is Not Acceptable) 4700 PINE ISLAND ROAD N.W. MATLACHA FL 33993 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete TITLE GLUHAREFF, ALEXANDER M. NAME NAME 4700 PINE ISLAND RD NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MATLACHA FL ☐ Addition Change ☐ Delete TITLE TITLE GLUHAREFF, ALEXANDER M. NAME NAME STREET ADDRESS 4700 PINE ISLAND DR NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MATLACHA FL----☐ Addition Change ☐ Delete TITLE TITLE ROMIG. MARGARET, A NAME NAME STREET ADDRESS 5367 ANN ARBOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath, that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report of supplied with indicated on this report of supplier whitai report to of the corporation or the rezelyer of trustee exceptanced or one of the corporation. 13. I hereby certify that the information oplied with

SIGNATURE:

changed, or on an attachy