2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2000 8:00 am **DOCUMENT # \$43998** Secretary of State AMERICAN HERO, INC. 03-29-2000 90018 014 ***150.00 Principal Place of Business Mailing Address 23 BAYSHORE DR. 23 BAYSHORE DR. SHALIMAR FL 32579 SHALIMAR FL 32579-2116 2. Principal Place of Business 3. Mailing Address 32 Beal Parkway SW <u>same as above</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Fort Walton Beach, Applied For City & State City & State 4. FEI Number 59-3075500 32548-5391 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 0ka loosa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAY, GEORGE E. Street Address (P.O. Box Number is Not Acceptable) 23 BAYSHORE DR. SHALIMAR FL 32578 Zip Code City FL 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME DAY, GEORGE E. STREET ADDRESS STREET ADDRESS 23 BAYSHORE DR. CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL Change Addition Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE E. DAY

3/22/2000

(850) 243~1234

Daytime Phone #