## .2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 25, 2000 8:00 am DOCUMENT # **S86406** Secretary of State 1. Entity Name ABI COMPANIES OF GEORGIA, INC. 01-25-2000 90016 049 \*\*\*158.75 Principal Place of Business Mailing Address 2502 ROCKY POINT DRIVE 2502 ROCKY POINT DRIVE SUITE 640 SHITP 640 TAMPA FL 33607 TAMPA FL: 33007-1445 2. Principal Place of Business 4301 Anchor Plaza Pkwy 3. Mailing Address +301 Anchor Plaza PKWI DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 58-1983584 Not Applicable 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent same Agents Name. BOOTH, III, WILLIAM H Street Address (PO. Box Number is Not Acceptable) 2502 ROCKY POINT DRIVE SUITE 840 TAMPA-FL 33807 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 DATE FILE NOW!K 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change **VPCE** Delete TITI E TITLE BOOTH, WILLIAM H. III NAME 4301 Anchor Plaza PKWay, # 400 2502 ROCKY PT DR STE 640 STREET ADDRESS STREET ADDRESS Tampa, FL 33634 CITY-ST-ZIP CITY-ST-ZIP JAMPA FL 33607 ☐ Defete TITI E TITLE BROOKS, J. JEFFREY NAME NAME 4301 Anchor Plaza Pkwy #400 STREET ADDRESS STREET ADDRESS <del>2502 ROCKY PT DR STE 640</del> CITY-ST-ZIP 79m Da. FL 33634 TAMPA FL 33607 CITY-ST-ZIP ☐ Delete TITLE Change TITI F 4301 Anchor Plaza Pleny, # 400 HARTER, CRAIG R.-NAME STREET ADDRESS STREET ADDRESS 2502-ROCKY PT DR STE 640 Tampa FL 33634 CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL-33607 VΡ Change ☐ Addition ☐ Delete TITLE TITLE 1301 Anchor Plaza Pkny, #400 NAME LAUER, F. BRUCE NAME STREET ADDRESS 2502 ROCKY PT DR STE 640 STREET ADDRESS Tampa FL33634 CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL 33607 Change Delete TITLE TITLE 4301 Archor Plaza Pkwy, \$400 NAME WILKINS, WILLIAM B STREET ADDRESS STREET ADDRESS 2502 RICKY POTINT DR STE 640 Tanpa FL 33634 CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL-33607 ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 appears, with all other like empowered.

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT