2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 20, 2000 8:00 am **DOCUMENT # \$86627** Secretary of State 1. Entity Name W.H. BIEBERBACH AND ASSOCIATES, INC. 01-20-2000 90229 032 ***150.00 Principal Place of Business Mailing Address 14793 FEATHER COVE ROAD 14793 FEATHER COVE ROAD CLEARWATER FL 33762-3018 CLEARWATER FL 33762 00005819 HS 2. Principal Place of Business
3850 S. Donava 3. Mailing Address BANAUA RIVER RIVER DO NOT WRITE IN THIS SPACE City & State BEACH Applied For 4. FEI Number ity & State-33-0062992 Not Applicable Sountry R*EEVISED* \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIEBERBACH, W.H. Street Address (P.O. Box Number is Not Acceptable) 14793 FEATHER COVE ROAD CLEARWATER FL 33762 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. (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. 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 BIEBERBACH, W.H. NAME NAME STREET ADDRESS 14793 FEATHER COVE RD. CITY-ST-ZIP CLEARWATER FL 33762-3018 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

SIGNATURE: