## ## 4K 34 **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Jan 08, 2001 8:00 am Secretary of State **DOCUMENT # \$86627** W.H. BIEBERBACH AND ASSOCIATES, INC. 01-08-2001 90017 020 \*\*\*150.00 $\equiv 1000$ Mailing Address Principal Place of Business = :R20 12 3850 S. BANANA RIVER 3850 S. BANANA RIVER COCOA BEACH FL 32931 COCOA BEACH FL 32931 AGBOOKOW = 77 17 1881 730 N. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 33-0062992 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIEBERBACH, W.H. Street Address (P.O. Box Number is Not Acceptable) 3850 S. BANANA RIVER COCOA BEACH FL 32931 SUNE B308 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **=** 12 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -10. Election Campaign Financing \$5.00 May Be E.03% After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ■ :=: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition ☐ Delete TITLE NAME NAME BIEBERBACH, W.H. 830 N. ATLANTIC AVE STREET ADDRESS STREET ADDRESS 3850 S. BANANA RIVER BLVD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33762-3018 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change 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 CITY-ST-ZIP ☐ Delete Addition TITI F TITLE Change NAME NAME 121 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR