2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$86919** Mar 04, 2000 8:00 am Secretary of State HERNANDO TITLE SERVICES, INC. 03-04-2000 90120 030 ***250.00 Principal Place of Business Mailing Address 615 W JEFFERSON ST. 615 W JEFFERSON ST. BROOKSVILLE FL 34601-2529 **BROOKSVILLE FL 34601** COGGIVANT 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3087425 Not Applicable Country \$8.75 Additional 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 Name WANAT, JOHN A. Street Address (P.O. Box Number is Not Acceptable) 501 UNDERWOOD AVENUE **BROOKSVILLE FL 34601** 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 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 Added to Fees Trust Fund Contribution. - (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE WANAT, JOHN A. NAME STREET ADDRESS **501 UNDERWOOD AVENUE** STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE WANAT, VIRGINIA A. NAME 501 UNDERWOOD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Liga Library Live Signing OFFICER OR DIRECTOR

CITY-ST-ZIP

2/21/2000 1-352-799-Date Daytime Phone # 722