2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED **DOCUMENT # \$97254** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** TULLIS PROPERTIES, INC. 01-27-2000 90093 014 ***158.75 Mailing Address Principal Place of Business **%SIMS CLEMENT EASTMAN** 1230 S MYRTLE AVE SUITE 301 P.O. BOX 578 KITCHENER ON N2G 4 CLEARWATER FL 34617 UUUUUJAUI 2. Principal Place of Business 3. Mailing Address P.O. BOX 23003 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. KRUG POSTAL OUTLET City & State City & State 4. FEI Number Applied For 58-1971858 KITCHENER ON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired N2B 3V1. CAMBA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRATESI, EMIL G. Street Address (P.O. Box Number is Not Acceptable) 1253 PARK ST **CLEARWATER FL 34616** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE Delete TITI F NAME CARTER, WILLIAM S NAME STREET ADDRESS STREET ADDRESS 304 SHAKESPEARE DR CITY-ST-ZIP CITY-ST-ZIP WATERLOO ON · 🔲 Addition TITLE **VPD** ☐ Delete TITLE ☐ Change NAME CARTER, URSULA A. NAME STREET ADDRESS STREET ADDRESS 304 SHAKESPEARE DR. CITY-ST-ZIP CITY-ST-ZIP WATERLOO.ON ☐ Addition ☐ Delete TITLE ☐ Change TITLE WARREN, ROBERT L. NAME NAME STREET ADDRESS STREET ADDRESS 266 SHAKESPEARE DR. CITY-ST-ZIP CITY-ST-ZIP WATERLOO ON ☐ Defete TITLE Change Change Addition TITLE CARTER, WILLIAM A. NAME NAME GB JOHN ST. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WATERLOO, ON CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change Delete TITLE NAME 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

A. E., 2000 (3.17.

CARTER