2000 UNIFORM BUSINESS REPORT (UBR)

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FILED **DOCUMENT # \$98755** Mar 29, 2000 8:00 am 1. Entity Name Secretary of State PURSLEY/RIGSBY, INC. 03-29-2000 90049 018 ***150.00 Principal Place of Business Mailing Address 9115 58TH DR E 9115 58TH DR E STE. B **BRADENTON FL 34202-9188 BRADENTON FL 34202** 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 65-0312058 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LECKEY, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 9115 58TH DR E STE. B **BRADENTON FL 34202** Zip Code City 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS 12. DST ☐ Delete TITLE ☐ Change Addition TITLE. LECKEY, LINDA NAME NAME STREET ADORESS STREET ADDRESS 9115 58TH DR E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change Addition ☐ Delete TITLE LECKEY, PHILLIP D. NAME STREET ADDRESS 9115 58TH DR E STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change ☐ Addition ☐ Delete TITLE PURSLEY, TRICIA K NAME 9115 58TH DR E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE PURSLEY, WALTER JR Delete NAME STREET ADDRESS 9115 58TH DR E STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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, with all other like empowered.

ER OR DIRECTOR

Daytime Phone #