2000 UNIFORM BUSINESS REPORT (UBR)

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

GNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **V07121** SUSAN T. MCCASKILL, P.A. 01-29-2000 90025 014 ***150.00 Principal Place of Business Mailing Address 742 MULBERRY AVE 742 MULBERRY AVE SHITE THE SHITE 148-**CELEBRATION FL 34747** CELEBRATION FL 34747-4653 10012787 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3101981 والموالم إلا المال Zip Country Zip Country \$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 MCCASKIL, SUSAN T Street Address (P.O. Box Number is Not Acceptable) 742 MULBERRY AVE **CELEBRATION FL 34747** 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. (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 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 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE MCCASKILL, SUSAN T NAME NAME 742 MULBERRY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CELEBRATION FL 34747** ☐ 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 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE Harry Harry 12 12 15 NAME NAME THE COUNTY SE STREET ADDRESS STREET ADDRESS I TO THE APPEARS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED