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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64390 1. Entity Name

AL-MANGOUR ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4475 BUCK LAKE RD. TALLAHASSEE FL 32311 4475 BUCK LAKE RD. TALLAHASSEE FL 32311-5578

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3151317 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAILEY, L. BLAIR Street Address (P.O. Box Number is Not Acceptable) 4475 BUCK LAKE RD. TALLAHASSEE FL 32311 Zip Code F۱ 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 7000032233BF-----TITLE ☐ Delete TITLE AL-MANGOUR, ABDULAZIZ -04/25/00--01064--005 STREET ADDRESS STREET ADDRESS ****400.08 ****150.00 4475 BUCK LAKE RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Change ☐ Addition Delete TITLE TITLE 700003223337--4 NAME BAILEY, L. BLAIR NAME STREET ADDRESS -04/25/00--01064--006 STREET ADDRESS 4475 BUCK LAKE RD. City-St-7iP CITY-ST-ZIP *****8.75 *****8.75 TALLAHASSEE FL 32311 Addition TITLE ☐ Delete TITLE LIBUS MONTGOMERY NAME NAME STREET ADDRESS STREET ADDRESS 4475 BUCK LAKE RD. CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32311 ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition NAME

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 speciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Bosk 12 changed, or on an attact ment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/11/00

(850) 878-5300

☐ Change

Addition

CR2E034 (9/99)