2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V71966** Jul 12, 2000 8:00 am 1. Entity Name Secretary of State COUPLAND TRAVIS INVESTMENTS, INC. 07-12-2000 90147 020 ***550.00 Mailing Address Principal Place of Business 3007 MANATEE AVE W 3007 MANATEE AVE W **BRADENTON FL 34205** BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0366226 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired П Fee Required 7.-Name and Address of New Registered Agent 🗻 6." Name and Address of Current Registered Agent Name COUPLAND, DAVID R Street Address (P.O. Box Number is Not Acceptable) 3007 MANATEE AVE W **BRADENTON FL 34205** City Zip Code FL 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) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. ٠ 🗆 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. PTD ☐ Addition TITLE ☐ Delete TITLE Change COUPLAND, DAVID R NAME NAME STREET ADDRESS 3007 MANATEE AVE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL VSD Change ☐ Addition ☐ Delete TITI F TITLE TRAVIS, RONALD C NAME NAME 3007 MANATEE AVE W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL** : Change - [] Addition TITLE TITLE Detete Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE

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.

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with an other like empowe

SIGNATURE: _

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SEQUIRED
ME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

7/1/200 941.758.7777

☐ Change

☐ Addition