2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # **P94000050396** Mar 27, 2000 8:00 am **Secretary of State** KERCHER INTERNATIONAL, INC. 03-27-2000 90091 032 ***150.00 Principal Place of Business Mailing Address 167 WOODCREEK DR 167 WOODCREEK DR SAFETY HARBOUR FL 34695 SAFETY HARBOR FL 34695 US 2. Principal Place of Business 3. Mailing Address BOX 1011 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3271035 Not Applicable \$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 QUINLAN, JOHN V Street Address (P.O. Box Number is Not Acceptable) 233 15TH STREET WEST **BRADENTON FL 34205** 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) 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. President, Secretary Change TITLE TITLE Delete ERIC C. Kercher KERCHER, MELANIE B NAME NAME 384 Fairhope Ave Suite C STREET ADDRESS STREET ADDRESS 167 WOODCREEK DR CITY-ST-ZIP Fairhope, AL 36532 CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE 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 changed, or on an attachment with an address, with all other like empowered.