2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

May 06, 2002 8:00 am Secretary of State DOCUMENT # K02914 1. Entity Name 05-06-2002 90081 038 ***150.00 INTERBAY PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 2907 BAY TO BAY BOULEVARD 2907 BAY TO BAY BOULEVARD SUITE 103 SUITE 103 **TAMPA FL 33629 TAMPA FL 33629** ШS ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2895603 Not Applicable Zip Country 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 **BOHANNAN, ROBERT** Street Address (P.O. Box Number is Not Acceptable) 4501 BROOKWOOD DR TAMPA FL 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 Fiorida. 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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition Change ☐ Delete TITLE TITLE BOHANNAN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4501 BROOKWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA`FL Change ☐ Addition ☐ Delete TITLE NAME BOHANNAN, ROBERT STREET ADDRESS STREET ADDRESS 4501 BROOKWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete ☐ Change ☐ Addition TITLE NAME BOHANNAN, ROBERT STREET ADDRESS STREET ADDRESS 4501 BROOKWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME GRANDOFF, JOHN STREET ADDRESS STREET ADDRESS 4611 TENNYSON AVENUE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33629 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

KOBERT E. BOHANNAN

FILED