## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 27, 2003 8:00 am Secretary of State DOCUMENT # N0100006678 05-27-2003 90176 043 \*\*\*\*70.00 4TH FLORIDA COMPANY K. INC. Principal Place of Business Mailing Address 3663 BEE RIDGE ROAD 3663 BEE RIDGE ROAD SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address 2105 57 # Ave WEST 2105 515 Ave. West CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For BRADENTON KADENTOW Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34207 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARTY-GOLDER, BARBARA 3663 BEE RIDGE ROAD 2105 51 ST AVENUE WEST SARASOTA FL 34233 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. I am familiar with, and accept (NOTE: Red Signature, typed or printed name of registered agent and title if applicable. ed Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State £., OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Change ☐ Addition Delete TIT! F TITLE PERMANE, JAMES NAME NAME STREET ADDRESS 2105 51ST AVENUE, WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34207** Addition TITLE ☐ Delete TITLE Change BEREMAND, DALE NAME NAME STREET ADDRESS STREET ADDRESS 306 37TH AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34205 - -Addition Delete TITLE TITLE ☐ Change WEBB, BRUCE NAME OLIVARI, MARCOS NAME STREET ADDRESS 208 43RD STREET BOULEVARD, NE STREET ADDRESS 5036 Live OAK CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** BRADENTON, FL 34207 ☐ Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE: