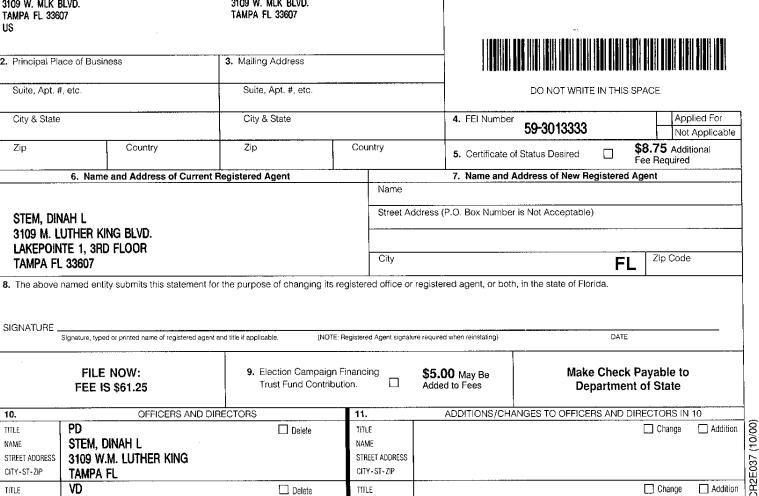
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N38747 1. Entity Name SINCERELY, SANTA, INC. Principal Place of Business Mailing Address 3109 W. MLK BLVD. 3109 W. MLK BLVD. **TAMPA FL 33607 TAMPA FL 33607** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name STEM, DINAH L 3109 M. LUTHER KING BLVD.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90058 022 ****61.25



STREET ADDRESS 3109 W.M. LUTHER KING STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33607** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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NAME STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

☐ Delete

☐ Delete

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 changed, or on an attachment with an address, with all other like empowered.

LAKEPOINTE 1, 3RD FLOOR

FILE NOW:

FEE IS \$61.25

STEM, DINAH L

TOMAS, ROBERT

Tampa FL

TAMPA FL

IRONS, ERIN

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TD

3109 W.M. LUTHER KING

3109 W. M. LUTHER KING

TAMPA FL 33607

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition