2001 UNIFORM BUSINESS REPORT-(UBR) Jun 14, 2001 8:00 am Secretary of State 05-16-2001 90239 004 ****61.25 Principal Place of Business Mailing Address N19700000 100 / 2. Principal Place of Business 2400 Chase Ave 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Cay & State Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Dr. Sharon Riggins Patterson then Street Address (P.O. Box Number & Not Acceptable) 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to-Added to Fees Department of State FEE 18 \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME Riggins STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete NAME Mordon-C NAME 7907 River Ridge Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa FC TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME Hoynes STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C) Deleta ☐ Change ☐ Addition wansley L. M. 106 Sterlins &t NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZEP TITLE C.1 Delete TITLE Change Addition NAME NAME jones STREET ADDRESS POB174 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered. Sharm kysins Potterson SIGNATURE!