2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2001 08:00 AM N97000004756 DOCUMENT # 1. Entity Name **Secretary of State** THE PRESERVATION STATION, INC. Principal Place of Business Mailing Address 4001 CYPRESS LANE 4001 CYPRESS LANE FL TAMPA 33624 33624 2. Principal Place of Business 3. Mailing Address 28531 BENNINGTON DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ZEPHYRHILLS 59-3500232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33544 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARONOFF SUSAN Street Address (P.O. Box Number is Not Acceptable) 4001 CYPRESS LANE TAMPA FL33624 US City Zip Code 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. 04/04/2001 SIGNATURE 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: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE S Change ☐ Addition NAME NAME CANNELLA STEVE CANNELLA STEVE STREET ADDRESS STREET ADDRESS 14822 DAISY LANE 14822 DAISY LANE CITY-ST-ZIP CITY-ST-ZIP TAMPA 33613 TAMPA FT. 33613 TITLE ☐ Delete TITLE D X Change ☐ Addition NAME REAM JENNIFER. NAME REAM JENNIFER. STREET ADDRESS STREET ADDRESS 719 LANTANA.. #78 PO BOX 21 CITY-ST-ZIF CORPUS CHRISTI TX 78404 CITY-ST-ZIP WADDELL AZ. 85355 TITLE Delete TITLE Change ☐ Addition NAME HOLT **PATTI** NAME STREET ADDRESS STREET ADDRESS 2991 24TH AVENUE NE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL. 34120 TITLE Delete TITLE X Change Addition NAME ARONOFF MILDRED NAME SMITH ALAN STREET ADDRESS 4001 CYPRESS LANE STREET ADDRESS 15519 WOODWAY DRIVE CITY-ST-ZIP TAMPA FL. 33624 CITY-ST-ZIP TAMPA FL. 33613 TITLE Delete TITLE VΡ X Change ☐ Addition NAME ARONOFF STANLEY NAME DRAKE DEBRA DVM STREET ADDRESS 4001 CYPRESS LANE STREET ADDRESS 15519 WOODWAY DRIVE CITY-ST-ZIP TAMPA \mathbf{FL} 33624 CITY-ST-ZIP TAMPA FL, 33613 TITLE □ Delete TITLE D, P X Change Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: _

ARONOFF

TAMPA

4001 CYPRESS LANE

NAME

STREET ADDRESS

CITY-ST-ZIP

SUSAN E, ARONOFF

SUSAN

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33624

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