2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 18, 2002 8:00 am Secretary of State **DOCUMENT #** P00000048756 08-18-2002 90129 046 ***150.00 UNCLE MILT'S COTTAGES, INC. Principal Place of Business Mailing Address 701 GULF BOULEVARD P.O. BOX 821 **CLEARWATER FL 33757** INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3165583 Not Applicable Zip Country 7in 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 Name SCHNEIDER, DARLENE Street Address (P.O. Box Number is Not Acceptable) 1428 REGAL ROAD CLEARWATER FL 33756 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Delete TITLE ☐ Addition SCHNEIDER, LEONARD NAME NAME STREET ADDRESS 1428 REGAL ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE , 🔲 Change ☐ Addition NAME SCHNEIDER, DARLENE NAME STREET ADDRESS 1428 REGAL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~ CLEARWATER FL 33756 ☐ Delete TITLE TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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, wittpall other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY - ST-ZIE

NAME

☐ Delete

☐ Change

Addition

Attachment 1000000048756

Ceny 9,2002 Division of Corps. Uniform Bue. Report Filinge. P.D. Box 1500 Tallahassee , Fl. 32 302-1500 RC. Uncle Miltis Cottage, Inc To when It Concerns When we called to find and why aux bill was \$550.00, we were talk it is \$15000 plus a \$40000 late fee. I did not reduce an Darleer Bell se A did nat. Know I kad to pay this now So per your instructions I was to submit the chek for \$15000 4 This letter to let you know why I was late. Thank you for your help in The matter Sincerel Dalew Shuadu Cyent Under MVHIS.