DOCUMENT # P0000077864 FILED Jan 09, 2001 8:00 am Secretary of State ZIMMET, UNICE, SALZMAN & FELDMAN, P.A. 01-09-2001 90014 007 ***150.00 Principal Place of Business Mailing Address 4702 BELDEN CIRCLE 4702 BELDEN CIRCLE PALM HARBOR FL 34685 PALM HARBOR FL 34685 Principal Place of Business 50 Mc Cormick Dr. 50 Mc DO NOT WRITE IN THIS SPACE 100 1/00 4. FEI Number 59-3 Applied For & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -ZIMMET, ALAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) 4702 BELDEN CIRCLE PALM HARBOR FL 34685 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition Delete TITLE TITLE **=** 43.2 NAME NAME ZIMMET, ALAN S STREET ADDRESS STREET ADDRESS **4702 BELDEN CIRCLE** CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 Change Addition ☐ Delete TITLE TITLE NAME NAME UNICE, T. R JR., ESQ STREET ADDRESS STREET ADDRESS 853 ROYAL BIRKDALE DRIVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 **Change** Addition ☐ Delete TITLE TITLE SALZMAN, ANDRÉW J ESQ. NAME NAME STREET ADDRESS STREET ADDRESS 959 RIVERSIDE RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP **TARPON SPRINGS FL 34689** Change ☐ Addition ☐ Delete TITLE FELDMAN, DONNA J ESQ. NAME NAME STREET ADDRESS STREET ADDRESS 3001 GEIGER COURT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33761** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: