2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATUR

May 25, 2001 8:00 am Secretary of State DOCUMENT # P00000092727 05-03-2001 90947 011 ***150.00 STS MANAGEMENT SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address C/O STATE TAX SOLUTIONS, INC. C/O STATE TAX SOLUTIONS, INC. II 4 0 4 3001 N ROCKY POINT OR E PMB STE 200 3001 N ROCKY POINT DR E FMB STE 200 TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 1268A Not Applicable Zio Country \$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 GUENTHER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 3001 N ROCKY POINT DR E STE 200 TAMPA FL 33607 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. SIGNATURE . DATE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Re-ristered Agent signature required when reinstating) FILE NOW!!! 1 EE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (10/00) TITLE ☐ Change ☐ Delete TITLE GUENTHER, SCOTT NAME MAME 3001 N ROCKY POINT DR E PMB 2022 STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33807 ☐ Addition ☐ Change TITLE Delete TITLE MUNYON, CHRISTOPHER NAME NAME 3001 N ROCKY POINT DR E PMB 2022 STE 200 STREET ADDRESS STREET ADORESS TAMPA FL 33607 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 distensionable 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

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