FILED Sep 16, 2002 8:00 am Secretary of State 09-16-2002 90094 028 ***150.00

GREAT WHITE OF SARASOTA, INC.						09-16-2002 90094 028 ***1 50.00			
		The state of the s	*	:					
Principal Place of Business 5777 BENEVA RD \$ SARASOTA FL 34233			Mailing Address 5777 BENEVA RD S SARASOTA FL 34233			บบรอบระจ			
2. Principal Place of Business			3. Mailing Address		1 1988	KST 110 KUTIL TUUR BURIL UUNIL UUNIL :	PO131 P18T1 B18E8 81T11	[DN 01 N 1 1 D	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
City & State			City & State		4. FEI Numb	er 65-0758194	<u> </u>	oplied For ot Applicable	
Zip		Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	ditional	
	6. Name	and Address of Current R	egistered Agent	· !	7. Name and	Address of New Registe	•	· <u>~</u>	
DCCN#1	TADANES I			Name			<u></u>		
PREWETT DANIEL L 5777 BENEVA RD S				Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
SARASO	TA FL 3423	3							
				City			FL Zip Cod	e	
8. The above the obliga	e named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	registered office or reg	istered agent, or bo	th, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE		or printed name of registered agent and	d title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating)	D.F	NTE .		
9 This corn	oration is elia	ible to esticty its Intendible	Ell E NOW!	III EEE IS SEED OO	· · · · · · · · · · · · · · · · · · ·				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750 Make Check Payable to Department of Sta		10. Fl	ection Campaign Financing	\$5.0	0 May Be	
(See crite					/50.00 _{Tri}	ust Fund Contribution.		to Fees	
(See crite	eria on back)		Make Check Payat		State		☐ Added	to Fees	
	D COHEN, I 5020 S L	OFFICERS AND D	Make Check Payat	ole to Department of	State	ust Fund Contribution.	☐ Added	to Fees	
11. TITLE NAME STREET ADDRESS	D COHEN, I 5020 S L	OFFICERS AND D BRYAN E DCKWOOD RIDGE RD	Make Check Payat	12. TITLE NAME STREET ADDRESS	State	ust Fund Contribution.	AND DIRECTORS	d to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D COHEN, I 5020 S L	OFFICERS AND D BRYAN E DCKWOOD RIDGE RD	Make Check Payat	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	State	ust Fund Contribution.	Added	S IN 11	
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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.

MININE Dian Coken SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000044678

Affachment # 997000044678 9/11/02 To whom it concerns: By Copy of this letter, please be advised that I was not the person responsible for renewal of my business with the state. this responsibility was assigned to my I was informed recently that my account resigned and this, the renewal was not done Please find enclosed my theck of #150.00 for renewal of my corporation. Please accept my appoligies for the tardiness, however, this was out of my untrol I am asking that you please accept my apology and process my renewal at this fine. Co-operation. Sincerely Bryan Cohen Great White or Sarasota