2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver of trustee changed, or on an attachment with an add

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

DOCUMENT # P98000075815 May 03, 2000 8:00 am Secretary of State SHUTTERHAUS INDUSTRIES, INC. 05-03-2000 90113 018 ***150.00 Principal Place of Business Mailing Address 2501 ANVIL STREET 2501 ANVIL STREET ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710-3948 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3530946 Not Applicable Zip Country 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 Joan M. Vecchioli, Esquire BARTHOLMEY, SCOTT D. Street Address (P.O. Box Number is Not Acceptable) 8666 Seminole Boulevard <u>911 Chestnut Street</u> -Seminole, FL 33772 City Clearwater, 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 (NOTE: Registered Agent signature required when reinstating) Signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. DS/BARTHOLMEY, SCOTT DX Delete Addition ☐ Change TITLE TITLE 8666 Seminole Blvd. NAME NAME STREET ADDRESS STREET ADDRESS Seminole, FL CITY-ST-ZIP CITY-ST-ZIP 33772 ☐ Change Addition TITLE Delete DPST WEBER, DAVID R NAMÉ Weber, David R. STREET ADDRESS 2501 ANVIL STREET STREET ADDRESS 2501 Anvil Street CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33710 St. Petersburg, FL 33710 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, Flo

727-381-6522