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2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am DOCUMENT # P9900004108 **Secretary of State** SCHWARTZ CONSULTING PARTNERS, INC. 01-23-2001 90014 049 ***150.00 Principal Place of Business Mailing Address 5027 W. LAUREL ST. 5027 W. LAUREL ST. TAMPA FL 33607-3816 **TAMPA FL 33607** _A0007856 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 59-3552039 Not Applicable Zip Country Zip 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 SCHWARTZ, BONITA Street Address (P.O. Box Number is Not Acceptable) 4207 FAIRWAY RUN TAMPA FL 33624 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PS ☐ Addition TITL F Delete ☐ Change TITLE NAME SCHWARTZ, BONITA NAME STREET ADDRESS STREET ADDRESS 4207 FAIRWAY RUN CiTY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 **VPT** TITLE Addition ☐ Delete TITLE ☐ Change NAME KAYTON, RODNEY NAME STREET ADDRESS STREET ADDRESS 7403 TRANSOM CT CITY-ST-ZIP **TAMPA FL 33607** CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

SIGNATURE: X Kodney To KOO

ROONEY KAYTON

× 1/4/2001

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Daytime Phone #