2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2001 8:00 am Secretary of State DOCUMENT # P99000034853 SACKEL OF ST. PETERSBURG, INC. 03-15-2001 90018 018 ***150.00 Principal Place of Business Mailing Address 7424 - 4TH ST., NORTH 7424 - 4TH ST., NORTH ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3572471 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SACKEL, JOSEPH P SR. Street Address (P.O. Box Number is Not Acceptable) 7424 - 4TH ST., NORTH ST. PETERSBURG FL 33702 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete Change ☐ Addition PD TITLE TITLE NAME SACKEL, JOSEPH P SR. NAME STREET ADDRESS 7424 - 4TH ST., NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 Change ☐ Addition ☐ Delete TITLE TITLE SACKEL, JOSEPH P JR. NAME NAME STREET ADDRESS STREET ADDRESS 7424 - 4TH ST., NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Addition Change Delete TITLE TITLE TOWER, KATHLEEN NAME NAME STREET ADDRESS STREET ADDRESS 7424 - 4TH ST., NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME 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:

SANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR