2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P9900031075 1. Entity Name 717 CORPORATION, INC. 03-22-2000 90073 022 ***158.75 Mailing Address Principal Place of Business 1010 E. NORTH BAY ST. 1010 E. NORTH BAY ST. TAMPA FL 33603 TAMPA FL 33603-4332 2. Principal Place of Business 3. Mailing Address 632.E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional K 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent NIBLACK-MARTIN, KIMBERLY S Street Address (P.O. Box Number is Not Acceptable) 1010 E. NORTH BAY ST. 010 - E. NORTH **TAMPA FL 33603** Se 6 03 AMPA 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) 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Delete SHARON M. STARKES NIBLACK-MARTIN, KIMBERLY S NAME NAME VICE Pres. / Sec/Treas Change Addition K=mBERLY S. NIBLACK 1010 E. NORTH BAY ST. STREET ADDRESS STREET ADDRESS **TAMPA FL 33603** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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.