FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State P00000038206 DOCUMENT # 1. Entity Name 04-16-2002 90172 030 ***150.00 2501 GULF BOULEVARD CORP. Principal Place of Business Mailing Address 1421 COURT ST., STE, B 1421 COURT ST., STE, B **CLEARWATER FL 33756** CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address 2513 N Gulf Bloo Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3654557 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent-Name and Address of New Registered Agent GREENBERG, ANITA R 2313 N. GULF BLVD **INDIAN ROCKS BEACH FL 33785** 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. DATE (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, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PR9FP94 (0/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREENBERG, BERNARD Z NAME NAME 2313 N. GULF BLVD STREET ADDRESS STREET ADDRESS INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP CITY-ST-7IP TITLE STD ☐ Delete TITLE Change ■ Addition NAME GREENBERG, ANITA R NAME STREET ADDRESS 2313 N. GULF BLVD STREET ADDRESS CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address with all other like empowered.

SIGNATURE: