FEB-21-2002 16:46 MACFARLANE FERGUSON

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90034 015 ***150.00

DOCUMENT # 154996

Name
INC.

DO NOT WRITE IN THIS SPACE

421586

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2. Principal Place of Business: 2215 S. OCCIDENT STREET
City & State: TAMPA, FL
Zip: 33629 Country: USA

3. Mailing Address: 2215 S. OCCIDENT STREET
City & State: TAMPA, FL
Zip: 33629 Country: USA

4. FEI Number: 59-0717953 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: ROBERT COCHRAN
MACFARLANE, FERGUSON & MCMULLEN
400 N. TAMPA STREET SUITE 2300
City: TAMPA, FL Zip Code: 33602

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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 [redacted]

SIGNATURE

If corporation is unable to satisfy its intangible tax filing requirement and wishes to do so (see instructions on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SAUER, NANCY N.
STREET ADDRESS	2215 S. OCCIDENT STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VS
NAME	SAUER, NANCY N.
STREET ADDRESS	2215 S. OCCIDENT STREET
CITY-ST-ZIP	TAMPA, FL 33629

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CR2E034 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy N. Sauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone