There is V 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 216743 1. Entity Name COSTA BROOM WORKS, INC. Mailing Address Principal Place of Business

FILED Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90026 015 ***150.00

Surio, Appl. e, etc. Surior Coordinate Courself Registered Agent 7. Name and Address of New Registered Agent Number Surior Address (P.C. Box Number in Not Acceptable) Surior Address (P.C. Box Number in Not	3606 4TH AVE. P O BOX 5091 TAMPA FL 33605		POST OFFICE BOX 5091 P O BOX 5091 TAMPA FL 33675-5091 US								
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & Status Desired Status Desired Status Desired Status Desired State State	2. Principal Place of Business		3. Mailing Address					HORAC MARCO RI	IEN BIBIN BIBIN	K BIBII KBBK	
Zip Country Zip Country S. Curtification of Statute Desired Sept. 56. Additional Fee Required Sept. 56. Additional Fee Republic Peep Republic	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent COSTÂ, FRÂNK J 3606 4TH AVENUE TAMPA FL 33605 8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Pords. Signarue based or print name of implaced agent active regional active regional agent active regional a	City & State	3	City & State			4 . F	4. FEI Number 59-0841671				
COSTA, FRANK J 3606 4TH AVENUE TAMPA FL 33605 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 Picrise. SIGNATURE SIGNATURE Signature, tiped or prioritimate of registered work and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Picrise. SIGNATURE SIGNATU	Zip	Country	Zip	Count	гу	5. (Certificate of Status Desired		Fee Required		
COSTA, FRANK J 3606 4TH AVENUE TAMPA FL 33605 City FL Zip Code		6. Name and Address of Current I	Registered Agent	~		- 7. N	Name and Address of New Regis	tered Ag	ent -		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agant, or both, in the State of Forida. SIGNATURE Signature typed or primed name of registered agant and steel it applicable (PLOTE Registered Agant Sporture required when neirotating) (DATE	3606 4TH AVENUE										
SIGNATURE 9. This corporation is eligible to satisfy its Intamplible Text filing requirement and elects to do so (See criterisc on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VIII.S OP OBERS AND STREET ADDRESS OITY-ST-ZP TITLE OCSTA, FRANK J STREET ADDRESS OITY-ST-ZP TITLE OCSTA, CONSTANCE STREET ADDRESS OITY-ST-ZP TITLE OOSTA, SORSTANCE STREET ADDRESS OITY-ST-ZP TITLE OOSTA, LONSTANCE STREET ADDRESS OITY-ST-ZP TITLE OOSTA, JOSEPH F. SORS W CHIPPEWA AVENUE TAMPA F.L OOSTA, JOSEPH F. SORS W CHIPPEWA AVENUE OOSTA, JOSEPH F. SORS W CHIPPEWA AVENUE COSTA, JOSEPH F. SORS W CHIPPEWA AVENUE COSTA, JOSEPH F. SORS W CHIPPEWA AVENUE COSTA, JOSEP					City			FL	Zip Code	e	
Task fling requirement and elects to do so (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	:: Registered	Agent signature requ	iired when re	einstating)	DATE	\$5.0	O May Be	
TITLE NAME COSTA, FRANK J Delete NAME 123 CHESAPEAKE AVE. STREET ADDRESS CITY-ST-2P TAMPA FL STREET ADDRESS CITY-ST-2P TO COSTA, MARY S STREET ADDRESS CITY-ST-2P TO COSTA, CONSTANCE STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P TO COSTA, CONSTANCE STREET ADDRESS CITY-ST-2P	Tax filing r	equirement and elects to do so.					Trust Fund Contribution.		Ådded	I to Fees	
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production of the contract of	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE CITY-	ET ADDRESS - ST-ZIP						

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.