FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2002 8:00 am DOCUMENT # 240928 **Secretary of State** 1. Entity Name 02-25-2002 90105 047 ***150 00 CARTER & VERPLANCK, INC. Principal Place of Business Mailing Address 4918 W GRACE ST 4918 W GRACE ST P.O. BOX 24169 P.O. BOX 24169 TAMPA FL 33623-4169 TAMPA FL 33623-4169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0913697 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERPLANCK, GEORGE B. Street Address (P.O. Box Number is Not Acceptable) 4918 W GRACE STREET TAMPA FL 33607 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П 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 TITLE X Delete TITLE Sr. Executive Vice President NAME CANTOS, P.J. NAME Lacivita, Louis STREET ADDRESS 4106 WEST ENPEDRADO STREET STREET ADDRESS 265 Osprey Point CITY-ST-ZIE TAMPA FL 33629 CITY-ST-7IP Osprey, FL 34229 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME VERPLANCK, GEORGE NAME STREET ADDRESS 2912 WEST CHAPIN AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611 " CITY-ST-ZIP DILE ☐ Delete TITLE [] Change ■ Addition NAME WALKER, C. KENNETH III STREET ADDRESS 4101 SAN LUIS STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME CHIBANI, SAADE M. NAME STREET ADDRESS STREET ADDRESS **4923 ANDROS DRIVE** CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33629 TITLE N Delete TITLE [7] Change ☐ Addition HARTWIG, DAVID NAME STREET ADDRESS STREET ADDRESS 12004 MIDDLEBURY DRIVE No CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33626** ☐ Delete TITLE Change ☐ Addition FREILLINGER, LINDA NAME STREET ADDRESS 1941 PROMENADE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 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

SIGNATURE:

SIGNATURE AND THE DOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/200 < (813) 287-070°