2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State **DOCUMENT # 344395 AMICK & SON INC** 04-19-2000 90053 043 ***150.00 Principal Place of Business Mailing Address 1200 4TH ST N 1200 4TH ST N ST PETERSBURG FLA 33701-1728 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1259591 Not Applicable Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMICK, PHILIP B. J Street Address (P.O. Box Number is Not Acceptable) 6145 4TH AVE., N. ST. PETERSBURG FL 33710 Zip Code City 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) 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE AMICK, PHILIP B. J NAME NAME STREET ADDRESS STREET ADDRESS 6145 4TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 Addition Change TITLE TITLE ☐ Delete AMICK, PHILIP B. S. NAME NAME STREET ADDRESS STREET ADDRESS 140 12TH AVE N E CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 Change Addition PD ☐ Delete TITLE AMICK, ANTOINETTE W. NAME NAME 140 12TH AVE., N.E. STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST PETERSBURG, FL 00000 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. Philip B. Amick, Jr.

> Secretary/Treasurer AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00