FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am **Secretary of State** DOCUMENT # 389442 1. Entity Name 02-18-2002 90153 049 ***158.75 CARASTRO & ASSOCIATES, INC. Principal Place of Business Mailing Address B0027002 2609 DELEON ST. 2609 DELEON ST. TAMPA FL 33609 TAMPA FL 33609 3. Mailing Address 2609 W. DeLeon Street 2. Principal Place of Business 2609 W. DeLeon Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1384902 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 CARASTRO, PAUL S. Street Address (P.O. Box Number is Not Acceptable) 4501 DATURA AVE **TAMPA FL 33611** City Zip Code 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Delete TITLE Addition NAME NAME CARASTRO, SAM STREET ADDRESS STREET ADDRESS 2609 DELEON ST. CITY-ST-ZIP CITY-ST-ZIF tampa fl TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME CARASTRO, GLORIA STREET ADDRESS STREET ADDRESS 2609 DELEON ST. CITY-ST-ZIF CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CARASTRO, PAUL STREET ADDRESS STREET ADDRESS 2609 DELEON ST -CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME CRAKOW, FREDERICK S. STREET ADDRESS STREET ADDRESS 2609 DELEON STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME ERICSON, DALE L. STREET ADDRESS STREET ADDRESS 2609 DE LEON STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME MAC FERRAN, ERNEST L. STREET ADDRESS STREET ADDRESS 2609 DE LEON STREET CITY-ST-ZIP TAMPA FL CITY-ST-ZIP 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. Carastro, President 1/31/2002 813 874-9494

changed, or on an attachr