2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 456329 May 01, 2000 8:00 am **Secretary of State** THE FIRST IMPRESSION, INC. 05-01-2000 90052 023 ***150.00 Principal Place of Business Mailing Address 4411 WEST TAMPA BAY BLVD 4411 WEST TAMPA BAY BLVD P.O. BOX 21232 P.O. BOX 21232 TAMPA FL 33622-1232 TAMPA FL 33622-8232 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1622060 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUERVO, CHARLES JR. Street Address (P.O. Box Number is Not Acceptable) 4411 WEST TAMPA BAY BLVD **TAMPA FL 33607** 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) 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. ☐ Addition ☐ Delete TITLE TITLE NAME NAME CUERVO, CARLOS J. STREET ADDRESS STREET ADDRESS 4411 W. TAMPA BAY BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition Delete TITLE TITLE NAME CUERVO, CHARLES JR. NAME STREET ADDRESS STREET ADDRESS 4411 W. TAMPA BAY BLVD CITY-ST-7IP CITY-ST-ZIP TAMPA FL __.Change -- Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

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, until the relief of the corporation of the co

SIGNATURE:

SIGNATURE AND PED ORGANIZED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 813-873-711

Daytime Phone #