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Daytime Phone #

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 16, 2003 8:00 am Secretary of State 519725 DOCUMENT # 04-16-2003 90187 024 ***150.00 1. Entity Name GREAT BLUE HERON CORP. Principal Place of Business Mailing Address 2822 STATE ROAD 590 2822 STATE ROAD 590 CLEARWATER FL 33759 CLEARWATER FL 33759 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1705796 Not Applicable Zip Country Country Zip \$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 TALERICD, DAWA TALERICO, DAWN C. 2692 ENTERPRISE ROAD EAST, #1203 **CLEARWATER FL 34621** LEARWATER 8. The above named entity submits this statement for the purpose of changing its registered office registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. HWN C. TALERICO SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May. Be After May 1, 2003 Fee will be \$550.00° Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete -TITLE Change ☐ Addition RODRIGUEZ, JUDITH A NAME NAME STREET ADDRESS 13600 EGRET BLVD K-102 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33762 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME TALERICO, DAWN NAME STREET ADDRESS 2692 ENTERPRISE ROAD EAST #1203 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BARATELLI, JACK G. NAME STREET ADDRESS 800 SO. BAYWAY BLVD.#21 STREET ADDRESS City-St-ZiP CLEARWATER FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

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