FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 25, 2002 8:00 am 586133 **DOCUMENT # Secretary of State** 1. Entity Name 03-25-2002 90180 050 ***150.00 SPERRY-BOOM OF FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 1553 -917-MADEIRA-CIRCLE -TIERRA VERDE FL 33715 ST PETERSBURG FL 33731 US Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-1849403 Not Applicable \$8,75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEBORD, WARREN A 317 MADEIRA-CIRCLE-THERRA VERDE FL 33715 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITI F ☐ Delete TITLE 1943 Bayon Grande BIND NE St Petersburg, FC 33703 NAME DEBORD, WARREN A NAME STREET ADDRESS **317 MADEIRA CIRCLE** STREET ADDRESS CITY-ST-7IP TIERRA VERDE FL 33716 CITY-ST-ZIP ☐ Delete TITI F TITLE NAME VALETTE, CATHERINE NAME STREET ADDRESS STREET ADDRESS 1338 SNELL ISLE BLVD #2 CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-7IP Delete == TITLE _ 1943 Bayon Grande Blod NE St Patersburg, FC 33703 NAME DEBORD, DENISE NAME STREET ADDRESS 917 MADEIRA CIRCLE STREET ADDRESS CITY-ST-ZIP TIERRA VERDE FL 33715 CITY-ST-ZIP ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

526-7580