2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 647845** BUDDY VERDI ORCHESTRAS, INC. 04-17-2001 90096 047 ***150.00 Principal Place of Business Mailing Address 1437 GULF TO BAY BLVD 1437 GULF TO BAY BLVD., #2 SUITE 2 CLEARWATER FL 33755 CLEARWATER FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1984575 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---- 6: Name and Address of Current Registered Agent VERDI, JOSEPH P. "BUDDY" Street Address (P.O. Box Number is Not Acceptable) 1437 GULF TO BAY BOULEVARD, #2 **CLEARWATER FL 33755** 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, 2001 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 (10/00) Change ☐ Addition ☐ Delete TiTi E TITLE VERDI, JOSEPH P. "BUDDY" NAME NAME STREET ADDRESS 1437 GULF TO BAY BV #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE VP 'S/T Change METZLER, HÀRRIETTE B. NAME NAME METZLER, HARRIETTE B. STREET ADDRESS 1437 GULF TO BAY BLVD #2 STREET ADDRESS 1437 Gulf to Bay Blv #2 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL <u> Clearwater. Fl</u> Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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.

NG OFFICER OR DIRECTOR