2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am-Secretary of State DOCUMENT # 751700 1. Entity Name SEVENTIETH SOMERSET PLACE, INC. 05-03-2001 90937 014 ****61.25 Principal Place of Business Mailing Address 1300-1616 70TH ST., NO. P.O. BOX 41383 ST. PETERSBURG FL 33743-1383 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1822316 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MICHEL, PETER 1432 70TH ST. N ST PETE FL 33710 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Addition SD TITI F Change Delete KEY, BETTY NAME STREET ADDRESS 1370 70TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33710 Change Addition ☐ Delete TITLE TITLE NAME MICHEL, PETER STREET ADDRESS STREET ADDRESS 1432 70TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33710 **X** Addition TD TITLE ☐ Change Delete TITLE MOODY: DWIGHT ---NAME NAME THOMAS STREET ADDRESS STREET ADDRESS 1566 70 ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 Addition Delete TITLE TITLE NAME NAME MEYER, SHIRLEY AIL BULGER 342 70Th STN STREET ADDRESS STREET ADDRESS 1518 70TH ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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