## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 835433** 1. Entity Name FLORIDIAN CARD PRODUCTS, INC. 04-11-2001 90037 010 \*\*\*150.00 Mailing Address Principal Place of Business 9524 N TRASK ST 9524 N TRASK ST C0044841 TAMPA FL 33624 TAMPA FL 33624 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FÉI Number 59-1605980 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLANK, STANLEY D Street Address (P.O. Box Number is Not Acceptable) 9524 N TRASK ST TAMPA FL 33624 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD 100 E ☐ Change Addition TITi.Ę Delete NAME BLANK, STANLEY NAME STREET ADDRESS STREET ADDRESS 9504 N. TRASK CITY-ST-ZIP C:TY-ST-ZiP TAMPA FL Addition 7111.8 TITLE ☐ Dalete FRIEDMAN, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 9504 N. TRASK CiTY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Deiete TITLE TITLE NAME 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 Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 1111.5 NAMÉ NAME STREET ADDRESS STREET ADDRESS C!TY-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 trystee 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STAN BLANK PRESIDENT

CR2E034 (10/00)