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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # 841190 **Secretary of State** 1. Entity Name 02-11-2002 90128 003 ***150 00 FRANK W. WINNE & SON, INC. Principal Place of Business Mailing Address 4508 OAK FAIR BLVD. 44 N:FRONT ST SUITE 240 TAMPA FL 33610 PHILADELPHIA PA 19106 2. Principal Place of Business 3. Mailing Address 2012 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-1226240 Not Applicable 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 Name **BRANDENBURG, BOB** Street Address (P.O. Box Number is Not Acceptable) 2012 CHICKWOOD ST **TAMPA FL 33618** 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) Addition TITLE TITLE ☐ Change Delete NAME HUTTON, MARK CR2E034 STREET ADDRESS STREET ADDRESS 44 W FRONT ST CITY-ST-ZIP PHILADELPHIA PA CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME COATH, J.D. JR. STREET ADDRESS STREET ADDRESS 44 N. FRONT ST. CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA Change - Addition. TITLE - Defete NAME ADELIZZI, ROBERT P. STREET ADDRESS STREET ADDRESS 44 N. FRONT ST. CITY-ST-ZIP PHILADELPHIA PA CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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. Adelizzi Sec/Trus 627 8380

SIGNATURE: