2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # F07302** 1. Entity Name ROST, INC. 04-27-2000 90063 019 ***158.75 Mailing Address Principal Place of Business 11800 28TH STREET NORTH 11800 28TH STREET NORTH ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716-1815 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2210100 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAREAU, RENE Street Address (P.O. Box Number is Not Acceptable) 11800 28TH STREET NORTH ST. PETERSBURG FL 33716 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) 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, 2000 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 ☐ Addition TITI F ☐ Change ☐ Delete TITLE FENTON, SHELDON C NAME NAME STREET ADDRESS STREET ADDRESS 11800 28TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCHLEUSSEL, MARK NAME STREET ADDRESS STREET ADDRESS 11800 28TH STREET NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL 33716 Change ☐ Addition ☐ Delete TITLE NAME NAME HEAD, JOHN STREET ADDRESS STREET ADDRESS 11800 28TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 TITLE D ☐ Delete TITLE Change Addition NAME GAREAU, RENE A NAME STREET ADDRESS STREET ADDRESS 11800 28TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 Change ☐ Delete TITLE ☐ Addition TITLE SIMMONS, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 11800 28TH STREET NORTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33716 C00 Delete TITI F ☐ Change ☐ Addition TITLE LIBBY, ANDREW T JR. NAME NAME STREET ADDRESS STREET ADDRESS 11800 28TH STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716

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.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 727-572-5500