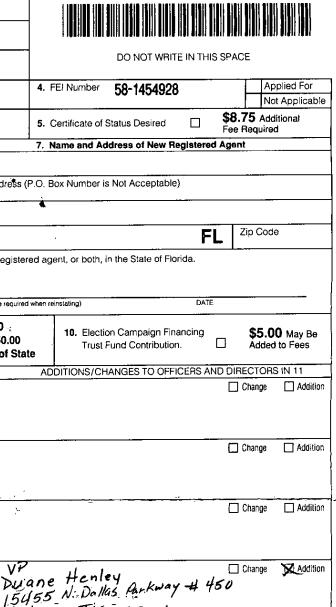
2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F57942 OPUS SOUTH CORPORATION Mailing Address Principal Place of Business 4200 W. CYPRESS STREET 4200 W. CYPRESS STREET SUITE 444 SUITE 444 TAMPA FL 33-3607 TAMPA FL 33-3607 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 58-1454928 Country Zip 5. Certificate of Status Desired -6.-Name and Address of Current Registered Agent-Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 a 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. VTS ☐ Delete TITLE TITLE GREENFIELD, BARRY W. NAME NAME 4200 W. CYPRESS ST. #444 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL PDTITLE ☐ Delete TITLE RAUENHORST, NEIL J. NAME NAME 4200 W. CYPRESS ST. #444 STREET ADDRESS STREET ADDRESS

FILED May 03, 2001 8:00 am Secretary of State

05-03-2001 90353 001 ***450.00



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.

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NAME STREET ADDRESS TAMPA FL

ZOROMSKY, HOWARD

PENSACOLA, FL 00000

TAMPA FL 33607

KASER, MARY

4200 W. CYPRESS ST. #444

5401 CORPORATE WOODS 100

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR STRECTOR

☐ Delete

Delete

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☐ Delete

4/27/01 (8/3) 877-44444 Date Daylime Phone #

☐ Addition

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