CR2E034 (9/01

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # G09653 1. Entity Name 04-07-2002 90041 031 ***150.00 RASMUSSEN ACCOUNTING AND TAX SERVICE, INC. Principal Place of Business Mailing Address 2090 - 9TH ST. N. 2090 - 9TH ST. N. ST. PETERSBURG FL 33703-1731 ST. PETERSBURG FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2238051 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RASMUSSEN, FRED S. Street Address (P.O. Box Number is Not Acceptable) 2090-- 9TH ST N. ST PETERSBURG FL 33703 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 ç, SIGNATURE & Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE RASMUSSEN, FRED S NAME NAME STREET ADDRESS STREET ADDRESS 2090 -9TH ST N. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBERG FL 33704 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME RASMUSSEN, CRAIG L STREET ADDRESS STREET ADDRESS 2090 -- 9TH ST N. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBERG FL 33704 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 eath; 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

S Rasmussen 3/29