2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # G75525** 1. Entity Name TBE GROUP, INC. 02-03-2001 90042 037 ***158.75 Principal Place of Business Mailing Address 18167 U.S. 19 NORTH, SUITE 550 18167 U.S. 19 NORTH, SUITE 550 CLEARWATER FL 34624 CLEARWATER FL 34624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2367433 Not Applicable Zip Country 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 SAVITZ, EDWARD O ESQ. Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN STREET **TAMPA FL 33602** 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)s Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change ☐ Addition BROWN, ROBERT G NAME NAME STREET ADDRESS 18167 U.S. 19 NORTH, SUITE 550 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34624 ☐ Delete ☐ Change ☐ Addition TITLE TITLE SNYDER, CRAIG D NAME NAME STREET ADDRESS STREET ADDRESS 18167 U.S. 19 NORTH, SUITE 550 CITY-ST-7IP CITY-ST-7IP **CLEARWATER FL 34624** Addition TITLE Delete TITLE ☐ Change Assistant Secretary BUSH, LOUIE G NAME NAMÉ Mark, Pitchford North, ste 550 STREET ADDRESS 18167 US 19 NO STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** Clearwater, FL 33764 Change TITLE ☐ Delete TITLE Addition JAMES G. WILLIAMS NAME NAME STREET ADDRESS 18167 US 19 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 E۷ ☐ Delete Change Addition MILITELLO, SAM NAME STREET ADDRESS 18167 US 19 NORTH STE 550 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete TITLE Addition TITLE Change President

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick L. Beyer

18167 US 19 North, Suite 550

FILED