2003 FOR PROFIT CORPORATION

Feb 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) 02-14-2003 90228 019 ***150.00 G78744 DOCUMENT # 1. Entity Name THE LANDING GROUP OF TAMPA, INC. Mailing Address Principal Place of Business あれが行っている。 3940 KNIGHTS GRIFFIN RD. 3940 KNIGHTS GRIFFIN RD. PLANT CITY FL 33565 PLANT CITY FL 33565 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number City & State 59-2422430 Not Applicable Zip Zip Country 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 BLISS, RICHARD C Street Address (P.O. Box Number is Not Acceptable) 3940 KNIGHTS GRIFFIN RD. . PLANT CITY FL 33565 City Zip Code of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity approisal his FILE NOW!!! FEE !S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Fiorida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Defete TITLE TAYLOR, STEVEN M. NAME 3940 KNIGHTS GRIFFIN RD. STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Oelete TITLE ITTLE NAME BLISS, RICHARD C NAME 3940 KNIGHTS GRIFFIN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 TITLE ☐ Change Addition ☐ Delete TITLE TAYLOR, ELISE NAME NAME STREET ADDRESS 3940 KNIGHTS GRIFFIN RD. STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete 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-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report or supplied entering the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to receive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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