2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H33689** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name STANDFAST ENTERPRISES, INC. 04-27-2000 90073 046 ***150.00 Mailing Address Principal Place of Business P.O. BOX 48864 8056 31ST AVE N. ST. PETERSBURG FL 33743-8864 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2488897 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEAGALL, BARRY M. Street Address (P.O. Box Number is Not Acceptable) 6500 CENTRAL AVE ST PETERSBURG FL 33707 Zip Code 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 if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible, 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so: 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 12. C.14 1.17 F. Change Addition ☐ Defete TITLE TITLE STANDFAST, JACK M. STREET ADDRESS STREET ADDRESS 8056 31ST AVE N. CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Change Addition ☐ Delete TITLE STANDFAST, NANETTE S. NAME NAME STREET ADDRESS 8056 31ST AVE N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

TED NAME OF SIGNING OFFICER OR DIRECTOR