## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2002 8:00 am § Secretary of State DOCUMENT # H39371 1. Entity Name 04-26-2002 90004 047 \*\*\*158 TRENDSETTER PROPERTIES, INC. Mailing Address Principal Place of Business 4024 DELLAROOK DRIVE **4024 DELLBROOK DRIVE** TAMPA FL 33624 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 12602 CASEY KOAD 12602 CASEY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2512436 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAGNER, CHARLES H. Street Address (P.O. Box Number is Not Acceptable) 4024 DELLBROOK DR. 12602 CASEY ROAD TAMPA FL 33624 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, 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 After May 1, 2002 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 ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME WAGNER, CHARLES H. STREET ADDRESS STREET ADDRESS 4024 DELLBROOK-DR. 12602 CASEY RO CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33624** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME WAGNER, CHARLES H. STREET ADDRESS STREET ADDRESS 4024-DELLBROOK-DR. 12602-CASEY RO CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 VICE PRESIDENT ☐ Change ☐ Addition ☐ Delete TITLE ROBERT F. WAGNER NAME. TAMPA FL 33624 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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-7IP

TITLE NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

CR2E034 (9/01