2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J26181 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name MAINSTREAM PARTNERS, INC. 04-27-2000 90051 034 ***150.00 Principal Place of Business Mailing Address P.O. BOX 531 111 2ND AVE NE ST. PETERSBURG FL 33731-0531 ST. PETERSBURG FL 33701 US AVA. 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2677045 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERNANDEZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 2000BRIGHTWATERS BLVD., NE ST. PETERSBURG FL 33704 Zip Code FL 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 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE NAME FERNANDEZ, ANTONIO STREET ADDRESS 2000 BRIGHTWATERS BLVD,. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERBURG FL TITLE Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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, until all other like empowered.

SIGNATURE:

| Signature and tryle or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #