2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State J29896 DOCUMENT # 1. Entity Name 02-26-2002 90157 018 ***150.00 SUCCESSFUL MONEY MANAGEMENT OF TAMPA BAY, INC. Principal Place of Business Mailing Address 13535 FEATHER SOUND DR 13535 FEATHER SOUND DR SUITE 119 **SUITE 119** CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2708372 Not Applicable Zip Country Zio 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 LEE, RICHARD F. Street Address (P.O. Box Number is Not Acceptable) 13535 FEATHER SOUND DRIVE SUITE 119 **CLEARWATER FL 33762** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition □ Delete TITLE LEE, RICHARD F. NAME NAME 13535 FEATHER SOUND DR., SUITE 119 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEARWATER FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition LEE, ROBERT L. NAME NAME 13535 FEATHER SOUND DR., SUITE 119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Richard F. Lee 3/11/02 (127)
BETOR Date Date

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

of the corporation or the received

SIGNATURE: