2003 FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR Jan 13, 2003 8:00 am Secretary of State **DOCUMENT #** J30151 1. Entity Name 01-13-2003 90822 020 ***150.00 BOSAM, INC. Principal Place of Business Mailing Address 1857 KEENE RD. N. LIUJUVVV 1857 KEENE RD. N. CLEARWATER FL 33755 **CLEARWATER FL 33755** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2733857 Zip Country Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional ------6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent YADLEY, GREGORY C. 101 E. KENNEDY BLVD., SUITE 2800 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33602 City 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. I am familiar with, and accept SIGNATURE 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 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD -NAME 2 ☐ Delete TITLE schaefer, martin a. Change STREET ADDRESS 1857 KEENE RD. N. STREET ADDRESS CITY ST ZIP CLEARWATER FL 33755 CITY-ST-ZIP NAME ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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(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 changed, or on an attachment with an address, with all other like empowered.

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CR2E034 (10/02)