2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # J82394** BAR-TON OF PINELLAS, INC. 04-21-2000 90001 041 ***150.00 Principal Place of Business Mailing Address % BRIAN J. TONER % BRIAN J. TONER 5797 38TH AVENUE NORTH 5797 38TH AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710-1925 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2844676 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name TONER, BRIAN J. Street Address (P.O. Box Number is Not Acceptable) 5797 38TH AVENUE NORTH ST. PETERSBURG FL 33710 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. 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Change Addition TITLE BARGER, BILLIE A. NAME STREET ADDRESS 5797 38TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Addition ☐ Delete TITLE TONER, BRIAN J. NAME NAME STREET ADDRESS STREET ADDRESS 5797 38TH AVENUE NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE WARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR