FILED

2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # K17975 1. Entity Name 04-17-2002 90173 012 ***150 S & R PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 6322-42 AVE N 8322-42 AVE N ST PETERSBURG FL 33709 ST PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2878436 Not Applicable Country Ζip 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 Name WASILIK, RICHARD F. Street Address (P.O. Box Number is Not Acceptable) 8322-42ND AVE N. ST PETERSBURG FL 33709 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) TITLE ☐ Delete ☐ Change ☐ Addition WASILIK, RICHARD F. NAME NAME STREET ADDRESS 8322 42ND AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE **TSD** ☐ Delete TITLE ☐ Addition ☐ Change NAME WASILIK, SHIRLEY S. NAME STREET ADDRESS 8322 42ND AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition 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 ☐ Delete TITLE ☐ Change ☐ Addition 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 suppliemental 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 of 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 attack

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SIGNATURE:

SIGNATURE AND TYPED OR PR