2001 UNIFORM BUSINESS REPORT (UBR)

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DOCÚMENT # K57632					SECRETARY OF STATE DIVISION OF CORPORATIONS
Administration, Inc.					01 JUL 17 PM 12: 35
Sixth	ountryside Blvd	Mailing Address 2536 Countryside Blvd Sixth Floor Clearwater FL 33763			
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
Zip	Country	Zip	Country		59-2927116 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
		7 - 1-1-1-1-1			Fee Required
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Registered Agent
					obert Harry Shatanoff
					P.O. Box Number is Not Acceptable)
	ountryside Blvd				Countryside Blvd
				earw	water FL 33763
•			City		FL 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 _	SignMure typed or printed name of record spent	Agritter applicable (NOTE	BERT H. Registered Agent signatu	ARK ire required	RY SHATANOFF. 6-25-01. DATE DATE
	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)	8 4	!! FEE IS \$150.0 01 Fee will be \$5 le to Department	50.00	
11,	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD .	Delete	TITLE	PD	Change Addition
NAME	Pepe, W. Dennis	•	NAME		atanoff, Robert Harry
STREET ADORESS	2536 Countryside	Blvd	STREET ADDRESS		36 Countryside Blvd
CITY-ST-ZIP	Clearwater FL 3	3763	CITY-ST-ZIP		earwater FL 33763
TITLE	ST	Delete	TITLE		☐ Change ☐ Addition
NAME	Thornton, R. Mau	ry	NAME '		4000045106941
STREET ADDRESS	2536 Countryside	Blvd	STREET ADDRESS CITY-ST-ZIP		-08/01/0101017016
CITY-ST-ZIP	Clearwater FL 33			<u> </u>	*****97.50 *****62.50
TITLE NAME .		☐ Delete	TITLE NAME		Change Addition
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		
TUTLE		☐ Deleie	TITLE]	Change Addition
NAMÉ STREST ADEDESS			NAME STREET ADDRESS	1	
STREET ADDRESS CITY+ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	-	☐ Change ☐ Addition
NAME		E Detere	NAME		_ onengo _ none
STREET ADDRESS			STREET ADDRESS		$\langle I \rangle$
CITY-ST-ZIP			CITY-ST-ZIP		
indicatéd of the cor	on this report or supplemental report is	s true and accurate and that rewerted to execute this report	my signature shall h as required by Cha	save the	ection 119.07(3)(i), Florida Statutes. I further certify that the po rmation is same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if
	TIPE POP ASSI	La Ar		Har	ry Shatanoff June 25, 2001

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTÉRED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both in the State of Florida.

- 1. The name of the Corporation is: Administration, Inc.
- 1a. Date of Incorporation: 1/11/89 Document Number: K57632
- 2. The name and address of the current registered agent and office:

R. Maury Thornton 2536 Countryside Blvd. 6th Floor Clearwater, FL 33773

3. The name and address of the new registered agent and office:

Robert Harry Shatanoff 2536 Countryside Blvd. 6th Floor Clearwater, FL 33773

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the Board.

Director

Date: June 25, 2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.