2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF JIGNING OFFICER OR DIRECTOR

May 10, 2002 8:00 am Secretary of State DOCUMENT # K57632 1. Entity Name 05-10-2002 90014 036 ***150.00 ADMINISTRATION, INC. Mailing Address Principal Place of Business 2536 COUNTRYSIDE BLVD. 2536 COUNTRYSIDE BLVD. SIXTH FLOOR SIXTH FLOOR **CLEARWATER FL 33763 CLEARWATER FL 33763** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2927116 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name North, Heather L SHTANOFF, ROBERT HARRY Street 2536 CBuhffyshler Blvd Not Acceptable) 2536 COUNTRYSIDE BLVD Sixth Floor SIXTH FLOOR Zip Code 33763 Clearwater CLEARWATER FL 33763 entity sufamits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ું છે. ☐ Delete TITLE Change **X** Addition TITLE YORK, CHRISTOPHER. 2536.COUNTRYSIDE BLUD. 6TH FL. NAME NAME SHATANOFF, ROBERT HARRY STREET ADDRESS STREET ADDRESS 2536 COUNTRYSIDE BLVD, 6TH FL CLEARWATER 7L 33763 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Delete TITLE **⊠** Change TITLE SHATANOFF ROBERT HARRY NAME NAME 2536 COUNTRYSIDE BLUD, GTH.FL STREET ADDRESS STREET ADDRESS CLEARWATER FL. 33763 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 CITY-ST-ZIP 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 attack ment with an address, with all other like empowered.

CHRISTOPHER YORK WE'S, 2001. (727)726-0726

FILED