**2001 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # 468907 May 02, 2001 8:00 am Secretary of State Brer Fox of Dunedin, Inc. 05-02-2001 90176 048 \*\*\*150.00 Principal Place of Business Mailing Address C0057478 2. Principal Place of Business 3. Mailing Address 1122 94th Avenue 100 N. Tampa Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite Applied For City & State City & State 4. FEI Number 59-293467*0* Tampa, Petersburg Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired u.S.A. 33702 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Garcia martin L. Garcia 100 N. Tampa Street, Ste. 2675 Street Address (P.O. Box Number is Not Acceptable) Tampa, FL 33602 Avenue FL of char ing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be \_\_Tax\_filing\_requirement\_and\_elects\_to\_do\_so\_ After MAY\_1, 2001\_Fee\_will.be \$550,00\_\_\_ 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. DVP Addition ☐ Detete TITLE TITLE manuel Garcia NAME NAME 4933 New Providence STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Tampa, FL DPST Change ☐ Addition ☐ Delete TITLE TITL F marshall Garcia marshall Garcia NAME 102-10th Strect E. STREET ADDRESS 16011 Amberly Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tierra Verde, FL 33715 Tampa, FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITI F TITLE 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 properties 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 his report as regular d 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, SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #