2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K81354** FILED IRONS, MARCUS & VALKO SERVICES, INC. 00 JUL 17 PM 3: 25 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 1226 TURNER STR 1226 TURNER STR STE C STE C CLEARWATER FL 33756-5989 CLEARWATER FL 33756-5989 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent urness VALKO-BURNESS, RUTH 1226 TURNER ST. STE. C **CLEARWATER FL 33756** 8. The above named entire submits 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Delete TITLE TITLE VALKO-BURNESS, RUTH NAME NAME 1226 TURNER STR. STE C STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP CLEARWATER FL Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

SEGNATURE PENUITED SIGNING OFFICER OR DIRECTOR

7/10/00 727-446-4/6/

July 10, 2000

Dear UBR representative,

Enclosed please find document #K81354 completely filled out and signed. I already sent in the earlier form with the \$150.00 which has been cashed already but never received the reject of our form which, per the operator I spoke with, was missing a signature. Here is the new form with the appropriate information for you - and our payment has already been made.

Thank you,

Accounts Manager