2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State **DOCUMENT # K83781** 1. Entity Name 05-22-2001 90025 047 ***150.00 S & R PROPERTIES, INC. Principal Place of Business Mailing Address 4112 CYPRESS STREET 4112 CYPRESS STREET 552103 TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2962108 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 WEDDING, ROBERT R AIA Street Address (P.O. Box Number is Not Acceptable) 4112 CYPRESS STREET **TAMPA FL 33607** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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. CR2E034 (10/00) TITLE Change Addition ☐ Delete TITLE WEDDING, SALLY NAME NAME STREET ADDRESS 2905 58TH AVE N STREET ADDRESS CITY-S1-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Change XX Addition TITLE JITLE Defete SANDRA L. FELTNER WEDDING, SALLY NAME NAME 2905 58TH AVE N STREET ADDRESS 5508 RIVERSHORE DRIVES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL TAMPA, FLORIDA 33602 ☐ Addition □ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY - ST-ZIP ☐ Change ☐ Addition Delete THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Channe TITLE 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 certify 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.

SANDRA L

SIGNATURE:

FILED