2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # L0000013491 | | | | | FILED | | | | |
|--|--|---|--|---------------------------------------|--|-------------------------------|------------------------------|---------------------------------|-------------------|
| 1. Entity Name PRETTY FUNNY MONEY, LLC | | | | | 01 MAY -7 AM 10: 21 | | | | |
| FREITT | OINIAI INIOINEI, LEC | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | SE(| RETARY AHASSE | OF STA | AE ≥10-Λ |
| Principal Plac | Mailing Address | ss | | | [Aut | , ANA SSE | .C+1 EQ1 | (IDA | |
| 28960 U.S. 19 N., SUITE 100 CLEARWATER FL 33761 | | | 28960 U.S. 19 N., SUITE 100 CLEARWATER FL 33761 | | | | | | |
| CLEARWATER | PL 33/01 | GLEANWATER PL 33/01 | | | | | | 30 1/114 5 /5/6 1 | |
| | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | 100110}1 011 00113 00111 06111 01 | 111 00311 00101 110 | 58 () 01010 | 4 0 0 1 3 | |
| Suite, Apt. #, etc. | | Suite Apt # etc | Suite, Apt. #, etc. | | | | TE IN THIS SI | DACE | |
| 00.10(1.101.1 | | ound, Apr. W. old. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | e | City & State | City & State | | 4. FEI N | | | | plied For |
| Zip Country | | Zip Country | | | | 1. 3.18205le | | 5.00 Add | t Applicable |
| | | | | | 5. Certif | ficate of Status Desired | | ee Required | inonai j |
| | 6. Name and Address of Curr | ent Registered Agent | <u> </u> | Name | 7. Name | and Address of New F | Registered A | jent | |
| ROSENBE | RG, ROBERT A ESQ. | | | | | | | - | نسسخد |
| 28960 U.S. 19 N., SUITE 100 | | | | Street Address (F | P.O. Box N | lumber is Not Acceptable |)) | | |
| | NTER FL 33761 | | | | | | | | |
| | | | ' | City | | | FL | Zip Code | |
| 8. The above | named entity submits this statemer | of for the purpose of changing its r | registered (| office or registers | ad agent o | or both in the State of Fl | | | |
| | Trained State Teleprine and State Teleprine | it for the purpose of chariging its r | registered (| onice or registers | eu agent, t | or bourt, in the state of the | JIGA. | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | · ·- | | | | | , |
| | سنست والمراس والمستواد والمستود والمستواد والمستود والمستواد والمستواد والمستواد والمستود والمستواد والمستواد والمستود والمستواد والمستود والمستود والم والمستواد والمستود والمس | l ù | | E'IS'\$50.00" | | <u> </u> | ~~ -·- ~ | | • |
| | | Make Check Pay | able to L | Jepartment of | State | | | | |
| 9. | | MBERS/MEMBERS | 10. | | ······································ | ADDITIONS | | | |
| TITLE NAME | MGRM | ☐ Delete | TITLE NAME | | • | | | ☐ Change | Addition Addition |
| STREET ADDRESS | 3528 LANDMARK TRAIL STE | | STREET A | ADDRESS | | | | | |
| CITY-ST-ZIP | PALM HARBOR, FL 34 | 684 | CITY-ST- | -ZIP | | | | | |
| TITLE NAME | | Delete | TITLE NAME | | | 500004 -06/0 | 1342 | Change | -⊟ Addited |
| STREET ADDRESS | | | STREET ADDRES | | | ***** ***** | /3/01∟ :*50.00 | 米米米米米 | .010 €50.00 |
| CITY-ST-ZIP | | | CITY-ST- | - ZIP | | | | | |
| _TITLE | | Delete | TITLE | | | · | | Change . | ☐ Addition |
| STREET ADDRESS | | <u> </u> | STREET A | | | | | - <u></u> | |
| CITY-ST-ZIP | | | CITY-ST- | - ZIP | | | | | |
| TITLE | , | ☐ Delete | TITLE | | | | + | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAME Street a | UUBESS | | | | | |
| CITY-ST-ZIP | | ÷ | CITY-ST- | | | • | | | |
| TITLE . | 2 | Delete | TITLE | | , | | | Change | ☐ Addition |
| NAME STREET ADDRESS | | | name Street a | ODDECC | | | | | i |
| CITY-ST-ZIP | | | CITY-ST- | · · · · · · · · · · · · · · · · · · · | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | Change | ☐ Addition |
| NAME Street address | | • | NAME STREET A | DDBEEC | | | | | |
| CITY-ST-ZIP | | | STREET A | . | | • | | | |
| 11. I hereby o | certify that the information supplied | with this fyling does not qualify for t | the exempt | tion stated in Sec | ction 119.0 | 07(3)(i), Florida Statutes. | I further certif | y that the in | formation |
| indicated | on this report is <u>drue and accurate a</u> bility company or the receiver or tru | and mat my signature shall have th | ne same le | galettect as it m | ade under | oath: that I am a manac | ging member | or manager | of the |

SIGNATURE REQUIRED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APPROVEL

4/01 813.748.0121 Date Daytime Phone #