2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36343 May 24, 2000 8:00 am Secretary of State 1. Entity Name GINNY'S TYPEWORKS, INC. 05-24-2000 90172 034 ***150.00 Principal Place of Business Mailing Address 1932 DREW STREET 1932 DREW STREET SUITE 7 SHITE 7 CLEARWATER FL 33765-3025 CLEARWATER FL 33765 HS DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2978368 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCE, VIRGINIA L 1932 DREW STREET, SUITE 7 **CLEARWATER FL 33765** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. **PST** TITLE TITLE ☐ Delete 414 N. Belcher Road Clearwater FL 3376 PIERCE, VIRGINIA L. NAME NAME STREET ADDRESS STREET ADDRESS 1932-DREW-STREET-SUITE-7 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** ☐ Delete TITLE ☐ Addition TITLE PIERCE, VIRGINIA L NAME NAME 414 N. Belcher Road STREET ADDRESS STREET ADDRESS 1932_DREW-STREET-SUITE-7-CITY-ST-7IP CITY-ST-7IP CLEARWATER FL ___ Change ___ ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: