2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND DOCUMENT # L99000008751 FILED 1. Entity Name OTCB, LLC 00 JUL 27 PM 3: 41 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 12385 AUTOMOBILE BLVD. 12385 AUTOMOBILE BLVD. **CLEARWATER FL 33762** CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59–3367 637 Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 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 CRONIN, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT STREET CLEARWATER FL 33756 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 1.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change Addition TITLE ☐ Delete TITLE P/D NAME NAME Barry J. Santerre, mok 12385 Automobile Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Clearwater, FL 33762 Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 1000033425550pe-- 🛮 Addition Delete TITLE TITLE -08/01/00---01031---004 NAME NAME STREET ADDRESS STREET ADDRESS *****55.00 ****55.00 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

limited liability company or the receiver or truster

11. I hereby certify that the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that mustignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted indicated to execute this report as required by Chapter 608, Florida Statutes.