FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Feb 26, 2003 8:00 am Secretary of State M82585 DOCUMENT # 02-26-2003 90121 044 ***150.00 1. Entity Name PARK PLACE EAST, INC. Principal Place of Business Mailing Address 13777 BELCHER RD 13777 BELCHER RD LARGO FL 33771 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2891060 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.5 Name and Address of New Registered Agent SOCKOL, DAVID J.Esq. LOMBARDI, RITA A Street Address (P.O. Box Number is Not Acceptable) 13777 BELCHER RD SECOND AVENUE N.E LARGO FL 33771 SUITE \$ 1401 A City Zip Code 33701 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. I am familiar with, and accept the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition Płazza. Rosemary NAME NAME 13777 BELCHER RD STREET ADDRESS STREET ADDRESS **LARGO FL 33771** CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME LOMBARDI, RITA A NAME STREET ADDRESS 13777 BELCHER RD STREET ADDRESS CITY-ST-ZIP LARGO FL 33771_ CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change ☐ Addition NAME PIAZZA SR. JOHN J NAME STREET ADDRESS 13777 BELCHER RD STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP **VPT** TITLE ☐ Delete TITLE ☐ Change Addition LENTINI. VINCENT J NAME NAME STREET ADDRESS 13777 BELCHER RD STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

LOMBARDI

1/28/03

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