FILED 2003 FOR PROFIT CORPORATION Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** M86309 DOCUMENT # 1. Entity Name 04-23-2003 90163 016 ***150.00 DANIEL F. MARTINEZ II. P.A. Principal Place of Business Mailing Address 9118 CORPORATE LAKE DRIVE PO BOX 20523 STE 300 M33-TAMPA FL 33622-0523-TAMPA FL 39694-US US 2. Principal Place of Business 3. Mailing Address 611 W. AZEELESTREET 611 W, AZEELE STREE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2907893 TAMPAORIDI Not Applicable \$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 MARTINEZ, DANIEL F II Street Address (P.O. Box Number is Not Acceptable) 9119 CORPORATE LAKE DRIVE STE-300-TAMPA FL 33834-3606 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 age DANIEL F. MARTINEZ SIGNATURE he of registered agent and title if app 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. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE MARTINEZ, DANIEL F., II NAME NAME 9149-CORPORATE LAKE DR-6TE 309 611 W. AZEELE STREET STREET ADDRESS. STREET ADDRESS TAMPA FL 33634-CITY-ST-ZIP CITY-ST-ZIP TAMPA, FLORIDA 33606 TITI F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

N/ME

SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

☐ Delete

RTINE2, I; 4/00/03; (813)051-16

☐ Change

☐ Addition