FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Sep 12, 2001 8:00 am Secretary of State DOCUMENT # N0000001393 1. Entity Name 09-12-2001 90106 005 ****70.00 FLORIDA SPIRIT50, INC. Principal Place of Business Mailing Address 7317 12TH AVE.,NORTH 7317 12TH AVE.,NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 4904 38+6 Wayso-117 38+2 Way So. 117 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number OT PETERShave to Country 30<u>08</u> ST. Petersburg 59-3b Not Applicable \$8.75 Additional 5. Certificate of Status Desired WS:4--33-7-WS-9-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LZABETH GARNETT Address (P.O. Box Number is Not Acceptable) SWEREDIUK, CATHY 7317 12TH AVE..NORTH ST. PETERSBURG FL 33710 Zip Code ST. Percisburg 3371 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. SIGNATURE ELIZABETH GARDETT DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Delete TITLE Richard Mann SWEREDIUK, CATHY NAME NAME 7317 12TH AVE., NORTH 412 N. APEPKA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-ZIP envernoss, Fl 34450 ☐ Delete Change ☐ Addition GARNETT, ELIZABETH NAME NAME STREET ADDRESS 4904 38TH WAY SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ Delete TITLE ☐ Change Addition PEREZ, HANNA NAME NAME 4904 38TH WAY SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

9-5-01

727-866-22-45

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: