FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # N9600000363 1. Entity Name 🕳 04-17-2002 90003 001 ****61.25 PERKINS MAGNET ENDOWMENT, INC. Principal Place of Business Mailing Address 2701 70TH AVE. S. C/O MARY BRIDGET NICKENS 37 PETERSBURG FL 33712 - 7 2701 70TH AVE. S. ST. PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3361797 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) "NICKENS, MARY B 2701 70TH AVE. S. ST PETERSBURG FL 33712 Zin Code City 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, typeg printer me of registered .t and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 . Trust Fund Contribution. Added to Fees **Department of State** J. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Addition NAME EVERETT, LISA! NAME STREET, ADDRESS STREET ADDRESS 600 21ST AVE. N.E. CITY-ST-ZIP ST PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARNETT, W. BLANTON NAME STREET ADDRESS 294 BELLAIR DR. N.E. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete TITLE Addition Change VERHULST: BARBRO S 🚐 NAME. NAME: STREET ADDRESS 126 26TH AVE. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33704 ☐ Addition TITLE ☐ Delete TITLE Change NICKENS, MARY BRIDGET NAME NAME 2701 70TH AVE. S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.