2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State DOCUMENT # N9700006036 1. Entity Name HOWARD W. BLAKE BAND BOOSTERS, INC. 05-14-2002 90321 025 ****70.00 Principal Place of Business Mailing Address 7713 W HIAWATHA STREET 7713 W HIAWATHA STREET TAMPA FL 33615 TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3476406 Not Applicable Zip ' Country 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 Name GRIFFIN, ROBERT U Street Address (P.O. Box Number is Not Acceptable) 6439 REEF CIRCLE TAMPA FL 33625 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 2 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (9/01 Change ☐ Addition GRIFFIN. APRIL NAME NAME STREET ADDRESS 6439 REEF CIRCLE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33625** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change HURN, MARY NAME NAME 7713 W HIAWATHA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **TAMPA FL 33615** CITY-ST-ZIP # TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIFFIN, ROBERT U NAME NAME STREET ADDRESS 6439 REEF CIR STREET ADDRESS CITY-ST-ZIP TAMPA FL 33625 CITY-ST-ZIP Salar Strain Strain TITLE ☐ Delete TITLE Change ☐ Addition HURN, PATRICK NAME NAME STREET ADDRESS 7713 W HIAWATHA STREET STREET ADDRESS CITY-ST-ZIP TAMPA FL 33615 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Perez. Roberto 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 supplied entail 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 fustee 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 attack ess, with all other

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

314 W. SOUTH AVENUE

708 N WILLOW AVENUE

TAMPA FL 33603

GULLATT, DAWYNE

TAMPA FL 33606

Change

☐ Addition