2002 UNIFORM BUSINESS REPORT (UBR) FILED Sep 16, 2002 8:00 am Secretary of State DOCUMENT # N98000005531 1. Entity Name PINELLAS CHEER ELITE CHEERLEADER AND DANCE ASSOC -16-2002 90108 027 ****61.25 IATION, INC. Principal Place of Business Mailing Address 11801 28TH ST N. 5618 SYCAMORE ST. N. SAINT PETERSBURG FL 33703 SAINT PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4._FEi_Number 59-3535779 Not Applicable 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 Name Street Address (P.O. Box Number is Not Acceptable) QUINCEL, RONALD E 5618 SYCAMORE ST NO ST. PETERSBURG FL 33703 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees (6 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) DST ☐ Change Addition ☐ Delete TITLE TITLE QUINCEL, CANDICE J NAME NAME STREET ADDRESS 5618 SYCAMORE ST. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **SAINT PETERSBURG FL 33703** ☐ Addition ☐ Delete TITLE Change ESPOSITO, MICHELE NAME 6821 3RD ST. NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SAINT PETERSBURG FL 33702** TITLE ☐ Delete TITLE Change ☐ Addition QUINCEL, TRACEY NAME NAME STREET ADDRESS 5618 SYCAMORE ST. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☐ Delete ☐ Change ☐ Addition TITLE TITLE QUINCEL, RONALD E NAME NAME STREET ADDRESS STREET ADDRESS 5618 SYCAMORE ST N. CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33703 Delete Change ☐ Addition TITLE TITLE SUNDARA, SONEPHET NAME NAME STREET ADDRESS 1500 22RD AVE N.

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SAINT PETERSBURG FL 33704

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition