2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000003650 > 1. Entity Name CSRP ENTERPRISES, INC. 04-16-2001 90062 002 ***150 00 Principal Place of Business Mailing Address 1386 FIFTH ST. 1386 FIFTH ST. SARASOTA FL 34236 SARASOTA FL 34236 110037049 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0985154 Not Applicable Zip Country Country Zip \$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 Nāme POCHEDLEY, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 1386 FIFTH ST. SARASOTA FL 34236 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO TITLE Delete TITLE Daniel R Aschedley NAME POCHEDLEY, DANIEL R NAME 1386 5th ST STREET ADDRESS STREET ADDRESS 1386 FIFTH ST. CITY-ST-ZIP <u>Saraso</u>ta CITY-ST-ZIP 34236 SARASOTA FL 34236 TITLE ☐ Delete TITLE Gustavo Rizzetto NAME NAME STREET ADDRESS STREET ADDRESS 1386 5 ch st CITY-ST-ZIP CITY-ST-ZIP <u>Sarasota Fl</u> Change **Addition** ☐ Delete TITLE TITLE Peter Cowling NAME NAME STREET ADDRESS STREET ADDRESS 1384 5th ST CITY-ST-7IP CITY-ST-ZIP <u>sarasota</u> Addition ☐ Delete TITLE Donna Amato NAME NAME 1386 5th St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP sarasota Fl 34236 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 the 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 11 or Block 12 if

CR2E034 (10/00)

Daniel R Pochedley 4-5-01

all other like empowered.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with

SIGNATURE: