2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State P00000004762 **DOCUMENT #** 1. Entity Name 3 G INC. 04-18-2002 90392 006 ***150.00 Principal Place of Business Mailing Address . 2662 CRYSTAL CIRCLE PO BOX 10835 **DUNEDIN FL 34698** CLEARWATER FL 33757-8835 2. Principal Place of Business 3. Mailing Address 2662 CRYSTAL CIRCLE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3620428 フレムビカノへ Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired INELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLATINSKY, JANET Street Address (P.O. Box Number is Not Acceptable) 2662 CRYSTAL CIRCLE **DUNEDIN FL 34698** City Zip Code FI 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 rainstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMOUSE, GENI NAME NAME 1134 N. PINE STREET #3 STREET ADORESS STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33756** CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change ARNOTT, GARY NAME NAME 108 S. AURORA STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-ZIP TS--TITLE -Detete TITLE ☐ Change ☐ Addition PLATINSKY, JANET NAME NAME STREET ADDRESS 2662 CRYSTAL CIRCLE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with a

P1. 10,02 727-784-4428

FILED