FILED Jul 02, 2002 8:00 am

727) 866-9557

2002	UNIFORM	BUSINESS	REPORT	r'(UBR

Secretary of State P0000007066 **DOCUMENT #** 05-23-2002 90102 013 ***150.00 1. Entity Name CHECKPOINT, INC. Mailing Address Principal Place of Business 96317 1220 FRIENDLY WAYSOUTH 1220 FRIENDLY WAYSOUTH SHITE 101 SUITE 101 SAINT PETERSBURG FL 33705 SAINT PÉTERSBURG FL 33705 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3621293 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 5007H 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City ST. 8. The above named entity submits this statement for the purpose of changing its registered office or registered age RESIDENT FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE IITLE HERSCH, RONALD G 1220 FRIENDLY WAY S. NAME NAME STREET ADDRES STREET ADORESS CITY-ST-ZIP SAINT PETERSBURG FL 33705 CITY-SI-ZIP Addition TITLE TITLE NAME CHERJOVSKY, SILVIE? NAME STREET ADDRESS 9757 BAYVISTA ESTATES BLVD ORLANDO FL 32836 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME. BUDNICK, ROBERT- --MAMÉ STREET ADDRESS 7540 NW 5TH ST, STE 3 PLANTATION FL 33317 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath, that I am an officer or director of the corporation or the report or trustee empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: