## May 28, 2002 8:00 am Secretary of State

04-17-2002 90056 021 \*\*\*150.00

2002 UNIFO	rm business report (UBR)
DOCUMENT # 1. Entity Name	P00000014816
KENNETH ANTHONY G	ROUP, INC.
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Principal Place of Business Mailing Address 5701 PARK BLVD. 5701 PARK BLVD. PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 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 52.2343529 APPLIED FOR Applied For 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 WARD, KEN Street Address (P.O. Box Number is Not Acceptable) 701 S. BAYSHORE BLVD., STE. 101 TAMPA FL 33606 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete titi F ☐ Change ■ Addition CR2E034 (9/01 CEASER, RICHARD D NAME NAME STREET ADDRESS 5701 PARK BLVD. STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete VΤD TITLE Change ☐ Addition NAME SCHWARTZ, KEN NAME STREET ADDRESS 5701 PARK BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 TITLE Delete TITLE ☐ Change ☐ Addition abreu, anthony-NAME STREET ADDRESS 5701 PARK BLVD. STREET ADDRESS CITY-ST-71P PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME

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 epopt 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 receiver or flustee grapowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like enforcement.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP