2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State 1. Entity Name 04-17-2001 90031 037 ***150.00 Principal Place of Business Mailing Address Avenue PICCEUUA an after the contraction 2. Principal Place of Bosiness 3. Mailing Address obin 103 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For HARbor 362*1*715 Not Applicable \$8.75 Additional 5. Certificate of Status Desired finellas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK L. SeyNORS 703 Robin Avenue Street Address (P.O. Box Number is Not Acceptable) Palm Hackor Fr 34683 Zip Code City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY_1, 2001_Fee_will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. President ☐ Change ☐ Addition TITLE ☐ Delete TITLE mark seymens NAME NAME 703 Robins Ave STREET ADDRESS STREET ADDRESS Palm HARBOY FC 34683 CITY-ST-ZIP CITY-ST-ZIP Vice Alesident Addition ☐ Delete TITLE MARIE Seyuders 703 Robins Ave Palm Harbor Fe 34683 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Secretary -MARK SeyMocks 703 Robin Ave ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME --NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palm Harbor Fi 34683 CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Addition ressurer MARIL SeyNDACS 703 RobiN AVR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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-ZIP 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 arcurate 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 of trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR