2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P00000027561 S & R CONSULTANTS, INC. 02-13-2001 90595 037 ***150.00 Mailing Address Principal Place of Business 2842 9TH ST. N. 2842 9TH ST. N. ST. PETERSBURG FL ST. PETERSBURG FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65 099192 Not Applicable \$8.75 Additional Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BACON, DAVID A ESQ Street Address (P.O. Box Number is Not Acceptable) 2959 1ST AVE. N. ST. PETERSBURG FL 33713 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE SWAIN, BERT NAME NAME STREET ADDRESS STREET ADDRESS 110 23RD ST. W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** TITLE ☐ Delete TITLE RORER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 3808 WISTERIA ST CITY-ST-ZIP CITY-ST-ZI SARASOTA FL 34232 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZiP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY.ST. 71P CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 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 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 changed, or on an attachment with agreeddress, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

2/13/

FILED Mar 07, 2001 8:00 am Secretary of State

CR2E034 (10/00)