2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91176 049 ***150.00

DOCUMENT # P00000034377

1. Entity Name
222 PARTNERS, INC.

Principal Place of Business	Mailing Address
8313 W HILLSBOROUGH AVE., SUITE 430 TAMPA FL 33615	8313 W HILLSBOROUGH AVE. SUITE 430 TAMPA FL 33615

A0071352

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10820 Sheldon Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State TAMPA FL	City & State
Zip 33615 Country US	Zip Country

4. FEI Number 65-1001945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNTER-WOLFE, KATHI
8313 W HILLSBOROUGH AVE., SUITE 430
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name: Sheldon Wolf
Street Address (P.O. Box Number is Not Acceptable): 10820 Sheldon Rd.
City: Tampa FL Zip Code: 33615

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] Sheldon Wolf 4-25-01
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 Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER-WOLF, KATHI 10614 CAPE HATTERAS DR. TAMPA FL 33615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sheldon Wolf 10614 Cape Hatteras Dr. Tampa, FL 33615 ☐ Change ☒ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Sheldon Wolf 04-25-01 813-792-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)