DOCUI		0034413	RT (UB	Apr 30, 2001 08:00 AM Secretary of State
Principal Plac 6547 5TH AVE	e of Business North	Mailing Address 6547 5TH AVE. NORTH	<u> </u>	
ST. PETERSBU 33710	JRG FL	ST. PETERSBURG 33710	FL	
	Place of Business VENUE NORTH	3. Mailing Address 5720 FIRST AVENUE NORTH		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & States		City & State	FL	4. FEI Number Applied For X Not Applied be
Zip 33710	Country	Zip 33710	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
ST. PETERS	STACY A VE. NORTH SBURG	FL.	Street .	Address (P.O. Box Number is Not Acceptable)
33710			City	FL Zip Code
Tax filing r	Signature, typed or printed name of registered ageroration is eligible to satisfy its Intangib requirement and elects to do so, ria on back)	7.8.3.3	!! FEE IS \$150 01 Fee will be \$	\$550.00 \$5.00 May Be
11.	OFFICERS ANI	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	VD TROVA SPENCER L	☐ Delete	TITLE NAME	VD
STREET ADDRESS CITY-ST-ZIP	6547 5TH AVE. NORTH ST. PETERSBURG	FL 33710	STREET ADDRESS CITY-ST-ZIP	S 5720 FIRST AVE. NORTH ST. PETERSBURG FL 33710
TTLE NAME STREET ADDRESS	VD HEBB ROBERT E	☐ Delete ¸	TITLE NAME	VD HEBB ROBERT E  Addition
CITY-ST-ZIP	6547 5TH AVE. NORTH ST. PETERSBURG	FL 33710	STREET ADDRESS CITY-ST-ZIP	\$ 5720 FIRST AVE. NORTH   ST. PETERSBURG   FL 33710
TILE NAME	PTD HEBB STACY A	☐ Delete	TITLE NAME	PTD \to \times Change \square Addition HEBB STACY A
STREET ADDRESS CITY-ST-ZIP	6547 5TH AVE. NORTH ST. PETERSBURG	FL 33710	STREET ADDRESS CITY-ST-ZIP	S 5720 FIRST AVE. NORTH ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE HAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
ITY-ST-ZIP  13. I hereby of indicated of the cor	on this recont or supplemental report	is true and accurate and that howevered to execute this report	CITY-ST-ZIP  The exemption standard spall	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

PTD

04/30/2001 Date

Daytime Phone #

SIGNATURE: Stacy, A. Hebb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR