2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 29, 2001 8:00 am Secretary of State DOCUMENT # P0000037048 1. Entity Name 06-29-2001 90005 006 ***550.00 OFF KEY, INC. Principal Place of Business Mailing Address 111 SECOND AVENUE N.E. #610 111 SECOND AVENUE N.E. #610 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 102-8th St.E. 102-8th St. E. T: erva Verde, FL 33715 2. Principal Place of Business 3. Mailing Address 02-84h St 102 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Verd 63826 lierra Not Applicable ierra Cduntry \$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 KEATON, KAREN S 111 SECOND AVENUE N.E. #610 ST. PETERSBURG FL 33701 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 DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete WILLIAM F. FINDERSON NAME NAME FINDEISON, WILLIAM F STREET ADDRESS STREET ADDRESS 111 SECOND AVENUE N.E. #610 102-8-th CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33701 Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME را F. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 a npowered

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

CR2E034 (10/00)