2001 2000 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P00000043028 04-30-2001 90404 049 ***150.00 Principal Place of Business Mailing A 8567 WEST GOLF BLUD TREASURE ISLAND, FL C0055688 2. Principal Place of Business 3. Mailing Address 5535 110 TH AVE N Suite, Apt. #, etc. 110TH AVE N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Q205 City & State 4. FEI Number Applied For 59-361/179 Not Applicable \$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 THOMAS BARDEL Name-Street Address (P.O. Box Number is Not Acceptable) 5535 110 TH AVE N 8567 WEST GULF BLUD TREASURE ISLAND, FL 33706 Zip Code 33782 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. 4-19-00 (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITI E NAME NAME THOMAS BARDEL 110TH AVEN, 9205 8567 WEST GULF BLUP STREET ADDRESS STREET ADDRESS PINELLAS PARK, FL 33782 CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND, FL 33706 TITLE TITLE NAME NAME DAWN BARDEL 8567 WEST GULF BLUP HOTH AVE N. Q205 STREET ADDRESS STREET ADDRESS PINELLAS PARK, FL 33782 CITY-ST-ZIP CITY-ST-ZIP REASURE ISLAND, FL 33706 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete 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 ☐ Delete TITLE Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Daytime Phone #