2001 UNIFORM BUSINESS REPORT (UBR) Mar 20, 2001 8:00 am DOCUMENT # P0000051591 **Secretary of State** GLORIA GODSEY, P.A. 03-20-2001 90041 004 ***158.75 Principal Place of Business Mailing Address 3002 W. CLEVELAND, STE.C-1 3002 W. CLEVELAND, STE.C-1 **TAMPA FL 33609** TAMPA FL 33609 2. Principal Place of Business 230 E. W. 3. Mailing Address 230 E. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 7609 City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GODSEY, GLORIA ESQ. 3002 W. CLEVELAND, STE.C-1 **TAMPA FL 33609** his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above pan GIORIA GODGE SIGNATURE red agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. This corporation is FILE NOW!!! FEE IS \$150.00 elicible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, TITLE ☐ Delete TITLE Change . ☐ Addition Gioria Godsey, ESQ. GODSEY, GLORIA ESQ. NAME NAME 3002 W. CLEVELAND, STE.C-1 230 E. DOWIS BVd STREET ADDRESS STREET ADDRESS TAMPA FL 33609 CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33606 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 ☐ Change TITLE Delete_ TITLE _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

all other like empowered.

SIGNATURE: