2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P00000083639 1. Entity Name ... WATSON RUDOLPH DESIGN GROUP, INC. 04-20-2001 90307 013 ***150.00 Principal Place of Business Mailing Address 248 CATALAN BOULEVARD N.E. 248 CATALAN BOULEVARD N.E. ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-355 1631 Not Applicable Zip Country Country \$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 Name M. KIRBY WATSON Street Address (P.O. Box Number is Not Acceptable) 201 SECOND AVENUE NORTH SUITE C ST. PETERSBURG FL 33701 City Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (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, 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, CR2E034 (10/00) **PSTD** ☐ Change TITLE Addition ☐ Delete TITLE M. KIRBY WATSON NAME NAME 201 SECOND AVENUE NORTH #C STREET ADDRESS STREET ADDRESS 1000 Water Oak Court N.E. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33701 St. Petersburg, FL 33703 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ____ Change__ _ _ Addition _ Delete _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 7/1 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01 727/638-040