2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am & Secretary of State DOCUMENT # P00000087594 1. Entity Name 05-27-2002 90457 050 ***150 00 METALGRAFX, INC. Principal Place of Business Mailing Address 2526A MARYLAND AVE 2526A MARYLAND AVE **TAMPA FL 33629 TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1038477 Not Applicable Zip Country Zip 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 <u>Dristow</u> <u>harles</u> NASH, CHRISTOPHER C Street Address (P.O. Box Number is Not Acceptable) Armenia Ave 100 N TAMPA STREET STE 1900 ₹ TAMPA FL 33602 City Tampa 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 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, 2002 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. CR2E034 (9/01) Change Change Addition TITLE ☐ Delete TITLE Bristow, Charles E III NAME BRISTOW, CHARLES E III 402 S. Armenia Ave, #139C STREET ADDRESS STREET ADDRESS 301 S SHORE CREST DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** Tampa ,FL 33609 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME WIGGINS, ELIZABETH M STREET ADDRESS STREET ADDRESS 2526A MARYLAND AVE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33629 - Change Addition Delete_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

FILED