2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000095071 1. Entity Name FIREBAD, INC. 04-24-2001 90235 005 ***150.00 Mailing Address Principal Place of Business 6365 BAHIA DEL MAR APT 406 BLDG J 6365 BAHIA DEL MAR APT 406 BLDG J TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. AI Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROWE, JAMES C ESQ Street Address (P.O. Box Number is Not Acceptable) 100 2ND AVENUE SOUTH SUITE 1201S ST PETERSBURG FL 33701 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Bre 7+ T. Quigley Change 6365 BAHIA DEP Ma. Aprilo 60 whiley Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS Tampa Flordia 33715 CITY-ST-ZIP CITY-ST-ZIP vice Presidur Addition ☐ Delete TITLE TITLE Ryan Quisley Och Mar Apt 400 Poilding 5 NAME NAME STREET ADDRESS STREET ADDRESS umpa Flordia 33715 CITY-ST-ZIP CITY-ST-7IP Vice-president Addition TITLE Change ... Delete TITLE Herin Shaugness NAME NAME 1107 MORRISON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ampa Flordia 33600 CITY-ST-ZIP Addition Delete TITLE Vice prosident TITLE ient Harnison NAME NAME 901 sioneron STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ampa Flordin ecersary and preasurer ☐ Change Addition ☐ Delete TITLE St. Trolez circle NE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

TED NAME OF SIGNING OFFICER OR DIRECTOR

Quigley

4117101

(727) Gar-1/16

Daytime Phone #

N/01) +5032U