FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State DOCUMENT # P01000000199 1. Entity Name 05-12-2002 90624 023 ***150 00 THE PACKINGHOUSE GALLERY & NATURE PHOTOGRAPHY RE SOURCE CENTER, INC. Principal Place of Business Mailing Address 10900 OAKHURST ROAD 10900 OAKHURST ROAD LARGO FL 33774 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$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 SILBERSTEIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 720 SOUTH ORANGE AVENUE SARASOTA FL 34236 . . . Water Contract Zip Code 8. Tite 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President Director Addition ☐ Change CR2E034 (9/01 Collmis NAME NAME Lestey Collins 10906 Oakhurst Rd. STREET ADDRESS STREET ADDRESS 10906 Oakmist Rd - FL: 33774 CITY-ST-ZIP CITY-ST-ZIP Largo, FL. 33774 V. Pres. 1 Director ☐ Detete TITLE ☐ Change Addition Joseph Bailer NAME STREET ADDRESS 10900 Oakhurst Rd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Largo, FL. 33774 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP TITLE Delete TITLE Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATUJE AND TYPEJ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Lesley Colling

4/23/02

727-596-7822

Change

☐ Addition

Daytime Phone #