2002 UNIFORM BUSINESS: REPORT (UBR) P01000009731 **DOCUMENT #** 1. Entity Name TARPON PINELLAS, INC.

Principal Place of Business 100 2 AVE SOUTH STE 204N ST PETERSBURG FL 33701

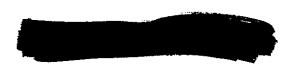
Mailing Address

100 2 AVE SOUTH STE 204N ST PETERSBURG FL 33701

3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED May 29, 2002 8:00 am Secretary of State

05-29-2002 93598 039 ***150.00



DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59.3695941 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent · 6. Name and Address of Current Registered Agent - ... Name ROWE, JAMES C Street Address (P.O. Box Number is Not Acceptable) 100 2 AVE SOUTH STE 204N 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) FILE NOW!!! FEE IS \$150.00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5,00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition (9/01) ☐ Change ☐ Delete TITLE TITLE REDHARD K. MALGOF NAME NAME 100 2M AVE SOUTH , STAFTE ZOUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St. PETERSBURG FL 33701 ☐ Addition Change TITLE ☐ Delete TOF WILLESME- LLOYD NAME NAME 100 ZM AUB SOUTH, SULTE 2040 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St PETERSBURG, FE 33701 ☐ Change ☐ Addition "Delete TITLE TITLE MALLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Oelete TITLE NASAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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.