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Apr 08, 2002 8:00 am Secretary of State 2002 Uniform Business Report (UBR) P01000021125 DOCUMENT # 1. Entity Name 04-08-2002 90210 006 ***150.00 SCARLETT HOMES, INC. Principal Place of Business Mailing Address PO BOX 17462 PO BOX 17462 **TAMPA FL 33682** TAMPA FL 33682 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 Not Applicable 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 overton JOHA MARTINO, THOMAS (P.O. Box Number is Not Acceptable) 2708 W KENNEDY BLVD **TAMPA FL 33609** 3617 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 ture, typed or printed name of registered agent and title if applicable (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, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE tresident (9/01 Delete Change Addition TITLE Creek et. OVERTON, JOHN NAME NAME STREET ADDRESS 320 W FLETCHER AVE SUITE 102 STREET ADDRESS 33613 CITY-ST-ZIP **TAMPA FL 33612** CITY-ST-ZIP TITLE Delete TITLE Presiden **★** Change Addition NAME NAME winding Creek Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete **Change** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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 a dadress, with all other this empowered.

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

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SIGNATURE:

STREET ADDRESS

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