## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # P01000031511 1. Entity Name 05-01-2002 91572 004 \*\*\*150 00 HALSZI ENTERPRISES INC. Principal Place of Business Mailing Address 110932 96TH STREET NORTH 110932 96TH STREET NORTH LARGO FL 33773 **LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address 10932 96+4 ST. N. 1300 EAST BAY Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT4. FEI Number 59-370813カ Applied For ARG 0 Not Applicable Country 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 D. MARINA BRUNO, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) **600 BYPASS DRIVE** CLEARWATER FL 33764 Zip Code 33773 LARGO 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 MARINA SZING SIGNATURE title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, Director TITLE ☐ Delete TITI F ☐ Addition D. MARINA SZING 10932 96th St N NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33773 CITY-ST-ZIP VICE PRESIDENT, D ☐ Delete TITLE ☐ Change Addition PAMELA J. PERRY 7961 54+4 St NO NAME STREET ADDRESS STREET ADDRESS PINELLAS PARK FC 33'781 CITY-ST-ZIP CITY-ST-ZIP TITLE DIRECTOR ☐ Delete TITLE ☐ Change ■ Addition FRANK SZING N. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 TITLE Change ☐ Addition 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.

MARINA SZING SIGNATURE: