## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State P01000051045 DOCUMENT # 1. Entity Name 05-13-2002 90075 004 \*\*\*150.00 MONEY MAKERS OF PINELLAS COUNTY. INC. Principal Place of Business Mailing Address 2837 21 ST AVENUE NO. 2837 21ST AVENUE NO. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address St No. 2424 22ND St.No 2424 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State St.Petersburg Peters burg. 59-3720095 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ewns DeboraH **EVANS, ROBERT W** Street Address (P.O. Box Number is Not Acceptable) 2837 21ST AVENUE NO. ST. PETERSBURG FL 33713 Street aa No etersbur G named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The SIGNATURE 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 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 11. OFFICERS AND DIRECTORS 12. NO Delete CR2E034 (9/01) Director TITLE TITLE EVANS, Robert W 2837 21st. Ave. No EVANS, ROBERT W NAME 2837 21ST AVENUE NO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP St. Petersburg, FL. 33713 TITLE SD Delete TITLE President/Director NAME PATERI, ELIZABETH K NAME Deborah EVANS STREET ADDRESS 550 ROBIN HILL CIRCLE STREET ADDRESS 2424 22ND St. Petersburg CITY-ST-ZIP **BRADON FL 33510** CITY-ST-ZIP FL. 33713 TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition 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-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 of 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.

SIGNATURE: