FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 10, 2002 8:00 am Secretary of State DOCUMENT # P01000066259 1. Entity Name 01-23-2002 90007 031 ***150.00 KIMBERLY O'SULLIVAN, INC. Mailing Address Principal Place of Business 16429 16640 VALLEY DR 16640-WALLEY DR **TAMPA FL 33618 TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address 16640 VALLELY DR 6640 VALLELY DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Zio Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'SULLIVÁN, KIMBÉRLY Street Address (P.O. Box Number is Not Acceptable) 16640 WALLEY DR **TAMPA FL 33618** Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition CR2E034 (9/01 P.S Delete TITLE TITLE KIMBERLY O'SULLIVAN NAME STREET ADDRESS STREET ADDRESS 16640 VALLELY DR CITY-ST-ZIP CITY-ST-7IP TAMPA. ■ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(TY-ST-ZIP ☐ Addition ☐ Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE ΠΠF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

JIFKIMBERLY E. D'SHLLIVAM

RINTED NAME OF SIGNING OFFICER OR DIRECTOR