**FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am Secretary of State P01000079388 DOCUMENT # 1. Entity Name 07-09-2002 90378 029 \*\*\*150.00 TC SALADINO ENTERPRISES. INC. Principal Place of Business Mailing Address 5112 BELL SHOALS ROAD 5112 BELL SHOALS ROAD VALRICO FL 33594 VALRICO FL 33594 3. Mailing Address 2. Principal Place of Business JAME 5 AME Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Numbe Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Żip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SCHAFFER, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) RAHALL & SCHAFFER, P.A. 120 S. WILLOW AVE. TAMPA FL 33606 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Cheryl Saladino 5112 Bell Shoals Road ☐ Delete TITLE TITLE NAME NAME VP STREET ADDRESS STREET ADDRESS ValRICO Fr 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE Tony Saladino 5112 Beil Shoals Road NAME NAME STREET ADDRESS STREET ADDRESS ValRICO, & 33594 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 chapter or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

7/3/5 2. (83)657-9667.

CR2E034 (9/01)

ROBERTS, SEWARD & COMPANY, P.A.

BULARIO

CERTIFIED PUBLIC ACCOUNTANTS
AND REGISTERED INVESTMENT ADVISORS

505 EAST JACKSON STREET SUITE 202 TAMPA, FLORIDA 33602

#P01000079388

RICHARD A. ROBERTS, C.P.A. JOHN D. SEWARD, C.P.A.

TELEPHONE: 813-225-1040 FAX: 813-221-3135

June 28, 2002

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: TC Saladino Enterprises, Inc.

EIN 59-3743172

Dear Sir or Madam:

The above referenced taxpayer is submitting the annual corporate fee of \$150 enclosed with this letter. The corporate controller was out of the office with a medical condition requiring hospitalization and was unable to pay the fee by May 1, 2002. We believe this constitutes reasonable cause and apologize for the delay. Should you have any questions regarding this matter, please do not hesitate to give me a call.

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Best regards,

John D. Seward

Cc:

Cheryl Saladino