2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Mar 11, 2002 8:00 am Secretary of State P01000087649 DOCUMENT # 1. Entity Name 03-11-2002 90004 042 ***150.00 TAMPA BAY BUSINESS SOLUTIONS, INC. Mailing Address Principal Place of Business 1971 W. LUMSDEN RD. #102 1971 W. LUMSDEN RD. #102 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59 -3743*88*9 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired_ ,___. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent D 4-7 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) artridge 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 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 (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE PTD ☐ Delete TITLE STREET ADDRESS change NAME DALY, UNA M # 102 1971 W Lu 201 E KENNEDY BLVD, SUITE 1700 STREET ADDRESS address 0 Brandon, Fl CITY-ST-ZIP 33S (CITY-ST-ZIP **TAMPA FL 33602** Change ☐ Addition TITLE TITLE VSD NAME NAME BROWN, ERNEST B #102 GIREES AGORESO STREET ADDRESS 201 E KENNEDY BLVD, SUITE 1700 1971 い し CITY-ST-ZIP 338*L*(CITY-ST-ZIP Brandon ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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

FILED