2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2008 8:00 am DOCUMENT # P01000120452 **Secretary of State** 1. Entity Name 03-06-2008 90041 034 ***150.00 RUSS BIEBER, P.A. Principal Place of Business Mailing Address 2699 SERVICE BLVD. 2699 SERVICE BLVD. STE. 105 CLEARWATER FL 33764 STE. 105 CLEARWATER FL 33764 2. Principal Place of Business - No P.O. Box # AVENUE 3. Mailing Address 7361 82 M AVENUE AUNT Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For 59-3761475 Not Applicable \$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 BIEBER, RUSSELL C 2699 SERVICE BLVD 9361 82 NO AVENUE Street Address (P.O. Box Number is Not Acceptable) PINEURS PARK, FL 33781 105-Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typod or prested isamo of registered agent and late if amplicable. DATE (NOTE: Registered Agent eginature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME BIEBER, RUSSELL C NAME 7361 82 M AVENUE STREET ADDRESS 2699 SERVICE BLVD., 105-STREET ADORESS PINELLAS PALK FL 33781 CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP ☐ Dalele TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TILLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TOLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attagement with an address, with all other like empowered. Russell C. BIEBER SIGNATURE:

FILED