2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91363 013 ***150.00

DOCUMENT # P02000027953

1. Entity Name
ROMKEY & ROMKEY, INC.

Principal Place of Business
14605 PAR CLUB CIR.
TAMPA, FL 33624

Mailing Address
14605 PAR CLUB CIR.
TAMPA, FL 33624

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
418 Riverhills Drive Suite, Apt. #, etc.		PO Box 340365 Suite, Apt. #, etc.	
City & State: Temple Terrace FL		City & State: Tampa FL	
Zip: 33617	Country: USA	Zip: 33694	Country: USA

4. FEI Number 46-0470180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMKEY, SCOTT D
14605 PAR CLUB CIR.
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name: Scott D. Romkey
Street Address (P.O. Box Number Is Not Acceptable): 418 Riverhills Drive
City: Temple Terrace FL Zip Code 33617

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] Scott Romkey 4-23-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: ROMKEY, SCOTT D STREET ADDRESS: P.O. BOX 340365 CITY-ST-ZIP: TAMPA, FL 33926	☐ Delete	TITLE: D/P/V NAME: Traci Romkey STREET ADDRESS: PO Box 340365 CITY-ST-ZIP: Tampa FL 33694	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: T/S NAME: Scott Romkey STREET ADDRESS: PO Box 340365 CITY-ST-ZIP: Tampa FL 33694	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Scott Romkey 4-23-03 813-920-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #