

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

DEC 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



12132004 REIN-P CR2E098 (6/04)

4. FEI Number 20-0145872 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTT, JAMES A
8880 58 ST. N.
PINELLAS PARK, FL FL

Name STOTT, JAMES A
Street Address (P.O. Box Number is Not Acceptable)
5616 87TH AVE N
City PINELLAS PARK FL Zip Code 33782

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 JAMES STOTT, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

12/15/04
DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME STOTT, JIM A
STREET ADDRESS 8880 58 ST. N.
CITY-ST-ZIP PINELLAS PARK, FL 33782 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STOTT, JIM A
STREET ADDRESS 5616 87TH AVEN
CITY-ST-ZIP PINELLAS PARK FL 33782 ☒ Change ☐ Addition

TITLE VP
NAME MODUGNO, AARON
STREET ADDRESS 3916 BELMOORE DR
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Change ☒ Addition

TITLE CEO
NAME WATERS, BURT
STREET ADDRESS 13210 86TH AVEN
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 507, 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: JIM A STOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/04 546-2245
Date Daytime Phone #