2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P92000014256 May 18, 2000 8:00 am 1. Entity Name Secretary of State SP CONCORD, INC. 05-18-2000 90296 050 ***150.00 Mailing Address Principal Place of Business P.O. BOX 429 P.O. BOX 429 ST. PETERSBURG FL 33731-0429 ST. PETERSBURG FL 33731-0429 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3 155236 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENKINS, DAVID A Street Address (P.O. Box Number is Not Acceptable) 222 SECOND STREET NORTH APT. 1603 ST PETERSBURG FL 33701 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. ■ Addition ☐ Change ☐ Delete TITLE TITLE JENKINS, DAVID A NAME STREET ADDRESS STREET ADDRESS 222 SECOND STREET NORTH CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL ☐ Delete ☐ Change Addition DVPS TITLE TITLE NAME NAME IRWIN, IAN F STREET ADDRESS STREET ADDRESS 222 SECOND STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME IRWIN, INNES H NAME STREET ADDRESS STREET ADDRESS 222 SECOND STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL □ Change Addition DVP ☐ Delete TITLE TITLE NAME BRETT, DAVID A NAME STREET ADDRESS STREET ADDRESS 222 SECOND STREET NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete ☐ Change Addition TITLE TITLE 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

an Firwin, Vic SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF

Vice