2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P93000005502** 1. Entity Name LASHLEY GROUP, INC. 04-26-2001 90231 015 ***150.00 Principal Place of Business Mailing Address 155-25TH AVE N 155-25TH AVE N ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 130 16th Avenue N. 130 1644 Avenue N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3164391 St. Petersburg, FL Not Applicable \$8.75 Additional 33704 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Margaret Lashley LASHLEY, MARGARET Box Number is Not Acceptable) 155 25TH AVE N ST PETERSBURG FL 32704 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 4/17/01 Signature typed MARGAREW LASHLEY 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PRESIDENT Change Adoition LASHLEY, MARGARET LASHLEY, MARGARET NAME STREET ADDRESS STREE" ADDRESS 145-25TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 ST. PETERSBURG, FL 33704 TITLE Delete TITLE Change FOWLER, WILLIAM R 130 16TH AVE N NAME NAME FOWLER, WILLIAM R STREET ADDRESS STREET ADDRESS 145-25TH AVE., N ST. PETERSBURG, FL 33704 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 filte. Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T(T) F Change Addition 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 eport 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

MARGARET / ASHIEV

SIGNATURE:

727-822-7707