2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 08:00 AM DOCUMENT # P93000052362 1. Entity Name **Secretary of State** TIDY ISLAND-LONDON, INC. Principal Place of Business Mailing Address 696 1ST AVENUE N., SUITE 201 7901 4TH STREET N. #320 ST PETERSBURG FL ST PETERSBURG FL 33702 33701 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3200191 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKINSON 696 1ST AVE. N. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG 33701 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. 01/25/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change X Addition NAME PRUSE FRANK STREET ADDRESS STREET ADDRESS 2805 TIMBERWAY PLACE CITY-ST-ZIP CITY-ST-ZIP BRANDON 33511 TITLE ☐ Delete TITLE D/VPD/P X Change ☐ Addition NAME NAME RUSCHE THOMAS RUSCHE THOMAS STREET ADDRESS 1101 37TH AVENUE NE STREET ACCRESS 1101 37TH AVENUE NE CITY-ST-ZIF ST. PETERSBURG FI. CITY-ST-7IP ST. PETERSBURG FT. TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME CLAMPITT RONALD E. NAME STREET ADDRESS 7901 4TH ST #320 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG 33702 CITY-ST-ZIP TITLE ☐ Defete DST TITLE ☐ Change ☐ Addition NAME TOMLINSON W. DEAN NAME STREET ADDRESS 7901 4TH ST N #320 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL, CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.