2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000065728** Apr 13, 2000 8:00 am Secretary of State BILL & BRAD, INC. 04-13-2000 90111 025 ***150.00 Principal Place of Business Mailing Address 4900 38TH WY SO 4900 38TH WY SO SUITE 104 SUITE 104 ST PETERSBURG FL 33711 ST PETERSBURG FL 33711-4857 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3206786 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIE MAC DAVIS, JR. Street Address (P.O. Box Number is Not Acceptable) 4900 38TH WAY SO SUITE 104 ST PETERSBURG FL 33711 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP TITI F Change ☐ Addition TITLE Delete NAME NAME DAVIS, WILLIE MAC JR. STREET ADDRESS 4900 38TH WY SO SUITE 104 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33711 ☐ Change ☐ Addition DST ☐ Detete TITLE COOPER, BRADLEY G NAME STREET ADDRESS STREET ADDRESS 4900 38TH WY SO SUITE 104 CITY-ST-ZIF ST PETERSBURG FL 33711 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

49-200 727-864-61