FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State P93000076197 DOCUMENT # 1. Entity Name 05-06-2002 90292 044 ***150.00 R.J. UMHOLTZ DESIGNS, INC. Principal Place of Business Mailing Address 146 8TH AVENUE, NE 146 8TH AVENUE, NE SAINT PETERSBURG FL 33701 SAINT PETERSBURG FL 33701 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3213727 PETERSBURG Not Applicable \$8.75 Additional 5. Certificate of Status Desired PINELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UMHOLTZ, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 146 8TH AVENUE, NE SAINT PETERSBURG FL 33701 City 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. SIGNATURE 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, 2002 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 11. OFFICERS AND DIRECTORS 12. (10/6)Change Addition TITLE STD Delete TITLE UMHOLTZ, ROBERT J. NAME NAME UMHOLTZ, ROBERT J. **CR2E034** STREET ADDRESS 146 8TH AVENUE, NE STREET ADDRESS 2617-14+ STREET CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP PETERSBURG Change TITLE **VPDP** ☐ Delete TITI F Addition HOLTZ, ROBERT NAME UMHOLTZ, ROBERT J NAME 2617-14 HSTRENT STREET ADDRESS 8TH AVENUE, NE STREET ADDRESS CITY-ST-ZIP* SAINT PETERSBURG FL 33701 CITY-ST-ZIP ST-PETERS BURG FL 33704 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE;

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 727-

727-823-8894

Daytime Phone #