2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2001 8:00 am Secretary of State **DOCUMENT # P93000079244** H & O MANAGEMENT INC. 03-07-2001 90611 049 ***150.00 Mailing Address Principal Place of Business · 10010 NEBRASKA AVE. 10010 NEBRASKA AVE. TAMPA FL 33612 TAMPA FL 33612 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. FEt Number 59-3211265 Not Applicable Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent Name HANCOCK, H W Street Address (P.O. Box Number is Not Acceptable) 10010 NEBRASKA AVE. **TAMPA FL 33612** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE HANCOCK, H W NAME NAME 671 GEORGE ST. STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE O'NEILL. PATRICK M NAME NAME 38923 CR 54E STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP CITY-ST-ZIP 0 ----Addition TITLE Delete O'NEILL, RICHARD F K975 Bonita Beach Blod Bonita Springs, FL343 NAME NAME 381 SANTA ROSA BLVD., UNIT W-716 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE O'NEILL, KELLY S NAME NAME 11340 STATE ROUTE 34 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRYAN OH 43506 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-01

Daytime Phone #