FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 19, 2001 8:00 am DOCUMENT # P93000080669 Secretary of State BUSH & COMPANY EAST, INC. 03-19-2001 90442 036 ***150.00 Principal Place of Business Mailing Address 12208 2ND STREET EAST 12208 -2ND STREET EAST TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 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 59-3211083 Not Applicable Zip 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 WERNER STONEY KAUFFMAN JAY E. Street Address (P.O. Box Number is Not Acceptable) 6526 CENTBAL AVE ST. PETERSBURG FL 33707 Central ave above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition STUART BUSH NAME NAME STREET ADDRESS 12208 2ND STREET E. STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition JOANN BUSH NAME NAME 12208 2ND STREET E. STREET ADDRESS STREET ADDRESS CITY-ST-7IP TREASURE ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.