2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2000 8:00 am DOCUMENT # P94000016661 1. Entity Name Secretary of State JOE GRANITZ & ASSOCIATES, INC. 03-06-2000 90039 034 ***150.00 Mailing Address Principal Place of Business 1620 LAGO VISTA BLVD. 1620 LAGO VISTA BLVD. PALM HARBOR FL 34685-3353 PALM HARBOR FL 34685 US US 2. Principal Place of Business 3. Mailing Address 2102 Summit Way 2102 Summit Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3226802 Palm Harbor, Florida Not Applicable Florida Palm Harbor, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34684 U.S.A. U.S.A. 34684 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u> Joseph-C. Granitz-</u> GRANITZ. JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 2102 Summit Way 1620 LAGO VISTA BLVD. PALM HARBOR FL 34685 Palm Harbor Zip Code 34684 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 03/01/00 SIGNATURE (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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD X Change Delete TITLE TITLE GRANITZ, JOSEPH NAME Joseph C. Granitz NAME 31177 US 19 N UNIT 108 STREET ADDRESS STREET ADDRESS 2102 Summit Way CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-ZIP Palm Harbor, Florida 34684 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ~ ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

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

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Joseph C. Granitz

☐ Delete

(727) 789-9506