FILED
03 MAR 19 AM 9: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018844

1. Entity Name
OZELLO INVESTMENTS, INC.

Principal Place of Business
~~13307 B GULF LANE~~
~~MADEIRA BEACH, FL 33708~~ US

Mailing Address Same ↓
~~13307 B GULF LANE~~
~~MADEIRA BEACH, FL 33708~~ US

8200 W. Gulf Blvd., Treasure Island FL 33706

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8200 W GULF BLVD	8200 W GULF BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TREASURE ISLAND, FL	City & State: TREASURE ISLAND, FL
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. FEI Number 59-3229805 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUHN, LAURENCE T
~~13307 B GULF LANE~~
~~MADEIRA BEACH, FL 33708~~
8200 W GULF BLVD
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] LAURENCE T YOUHN 3/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	YOUHN, LAURENCE T	NAME
STREET ADDRESS	~~13307 B GULF LANE~~ SEE ABOVE	STREET ADDRESS
CITY-ST-ZIP	~~MADEIRA BEACH, FL 33708~~	CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LAURENCE T YOUHN 3/10/03 727-344-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #