2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 04, 2001 8:00 am DOCUMENT # P9400030051 Secretary of State 06-04-2001 90017 028 ***150.00 RICHARD HAWLEY, INC. Principal Place of Business Mailing Address 2519 MCMULLEN BOOTH FID. 2519 MCMULLEN BOOTH RD. D0057423 **SUITE 209** SUITE 209 CLEARWATER FL 34621 CLEARWATER FL 34621 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State: 59-3240622 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAWLEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2519 MCMULLEN BOOTH RD. SUITE 209 CLEARWATER FL 34621 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 DATE (NOT 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 After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payat le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change ☐ Delete TITLE TITLE NAME HAWLEY, RICHARD NAME STREET ADDRESS STREET ADDRESS 2519 MCMULLEN BOOTH RD 209 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

13. I hereby certify that the information supplied with this filing does not qualify to 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 r iy 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. Richaeso

CR2E034 (10/00)