FILED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400054075 ZOCH AND ASSOCIATES, INC.

Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90069 002 ***150.00

Mailing Address Principal Place of Business 1590 86TH AVE. NORTH 1590 86TH AVE. NORTH ST. PETERSBURG FL 33702-2832 ST. PETERSBURG FL 33702-2832 C0034749 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3257771 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZOCH, JAMES C Street Address (P.O. Box Number is Not Acceptable) 1590 86TH AVE. NORTH ST. PETERSBURG FL 33702-2832 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 gent and title if applicable ... (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 OFFICERS AND DIRECTORS 12. TITLE Change Delete TITLE ZOCH, JAMES C NAME NAME STREET ADDRESS STREET ADDRESS 1590 86TH AVE. NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702-2832 Change ☐ Addition TITLE TITLE ☐ Delete ZOCH, NICOLE NAME NAME STREET ADDRESS STREET ADDRESS 1590 86TH AVE. NORTH CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33702-2832 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP

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.

SIGNATURE:

NATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99