2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000058986 Jan 20, 2000 8:00 am Secretary of State 1. Entity Name 1 GARDNER, WILKES, SHAHEEN & CANDELORA, P.A. 01-20-2000 90123 037 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1810 401 E JACKSON ST TAMPA FL 33601-1810 TAMPA FL 33602-5233 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEt Number City & State 59-3263600 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7._Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARDNER, MERRITT A Street Address (P.O. Box Number is Not Acceptable) **401 E JACKSON ST** STE 2650 **TAMPA FL 33602** 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. ☐ Addition Page to a contract of the second Delete TITLE TITLE (18) CANDELORA, RICHARD W. NAME! NAME 401 E JACKSON ST STE 2650 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Change ☐ Addition Delete TITI F SHAHEEN, JOSEPH L. JR. NAME STREET ADDRESS 401 E JACKSON ST STE 2650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ~ . Delete ☐ Addition TITI F GARDNER, MERRITT A. NAME STREET ADDRESS 401 E JACKSONS ST STE 2650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition | ☐ Delete TITLE WILKES, RICHARD B. . . NAME STREET ADDRESS 401 E. JACKSON STREET, STE. 2650 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 true e 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE PEQUIRED

January 12, 2000 813/221-8000

Daytime Phone #