2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P94000092959** May 12, 2000 8:00 am Secretary of State MORE CURB APPEAL INC. 05-12-2000 90860 018 ***150.00 Principal Place of Business Mailing Address 3302 BAY TO BAY BLVD 3302 BAY TO BAY BLVD #102 #102 **401000** TAMPA FL 33629-7140 TAMPA FL 33629 US 2. Principal Place of Business Mailing Address Burcelonast Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For ity & State City & State 59-3287569 WW &C Not Applicable Country 14 \$8.75 Additional 5. Certificate of Status Desired____ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAFALCE, FRANK A 777 PASADENA AVE ST PETERSBURG FL 33707 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 (NOTE: Registered Agent signature required when reinstating) DATE 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE IRWIN, PARTICIA E NAME Patricia. NAME STREET ADDRESS 3302 BAY TO BAY BLVD STE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Change ☐ Addition ☐ Delete IRWIN. PATRICIA E NAME NAME 3302 BAY TO BAY BLVD STE 102 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **TAMPA FL 33629** CITY - ST - ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

with an address, with all other like empowered