2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90012 044 ***558.75

DOCUMENT # P95000019201

1. Entity Name
450 B CORP. ✓

Principal Place of Business	Mailing Address
450 75TH AVENUE ST PETE BEACH FL 33706 US	450 75TH AVENUE ST PETE BEACH FL 33706-1832 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 75th AVE.	450 75th AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete Beach, FL	City & State: St. Pete Beach, FL
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. FEI Number 59-3308895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JASPERSON, MARK
450 75TH AVENUE
ST PETE BEACH FL 33706

7. Name and Address of New Registered Agent

Name N/A
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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JASPERSON, MARK		NAME		
STREET ADDRESS	713 PARK ST		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33510		CITY-ST-ZIP		
TITLE	DPST	☐ Delete	TITLE	DPST	☑ Change ☐ Addition
NAME	STILLWELL, THERESA		NAME	Stillwell, Theresa	
STREET ADDRESS	713 PARK ST		STREET ADDRESS	4914 E. Longboat Blvd.	
CITY-ST-ZIP	ST PETE FL 33710		CITY-ST-ZIP	Tampa, FL 33615	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: Theresa Stillwell Theresa Stillwell 7-18-00 (813)891-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #