2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P95000029669** TARQUA HOLDINGS, INC. 01-19-2000 90290 032 ***150.00 Principal Place of Business Mailing Address 152 8TH AVE SW 152 8TH AVE SW STE 1B STE 1B LARGO FL 33770-3637 LARGO FL 34640 2. Principal Place of Business 3. Mailing Address 10625 FIRST STREET BAST 10625 FIRST STEELT EAST Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0573668 TREASURE ISLAND REASURE ISUAND Not Applicable Country \$8.75 Additional PINEUS 5. Certificate of Status Desired Kiméllas 3370L Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent n Roy Huches PINELLAS TAX & ACCOUNTING SERVICE, INC. Street Address (P.O. Box Number is Not Acceptable) 152 8TH AVE SW STE 1B **LARGO FL 33770** Zip Code 3 3 70 (8. The above named entity submits this statement for the purpose of changing its registered office or red ed agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 ligible to satisfy its Intangible 9. This corporation is 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. 11. DPT PESIDENT (X) Change ☐ Addition ☐ Delete TITLE HUGHES ROY 3689 BELLE HSTO DO HUGHES, ROY NAME STREET ADDRESS 2680 BELLE VISTA DR STREET ADDRESS FL 3370L CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG BEACH FL 33706 ☐ Delete ☐ Change Addition TITLE HUGHES, JEAN NAME NAME STREET ADDRESS STREET ADDRESS 3680 BELLE VISTA DR CITY-ST-7IF ST PETERSBURG BEACH FL 33706 CiTY-ST-ZIP Change Addition Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREFT 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

an address, with all other like empowered.

RED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: