2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

May 24, 2002 8:00 am secretary of State P95000057749 DOCUMENT # 1. Entity Name 05-24-2002 90561 003 ***150.00 THE PROP DEPOT, INC. Principal Place of Business Mailing Address 5010 W. KNOLLWOOD ST. 5010 W. KNOLLWOOD ST. 100010 TAMPA FL 33634 **TAMPA FL 33634** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For * 59-3329161 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JURASINSKI, JEFFRY J Street Address (P.O. Box Number is Not Acceptable) 4143 W WATERS AVE SUITE 168 **TAMPA FL 33614** City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME Jurasinski, Jeffrey J NAME STREET ADDRESS 5010 KNOLLWOOD ST STREET ADDRESS CITY-ST-7IP TAMPA FL 33634 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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

FILED

AHachment DC# P95000057149

Casino Designs, Inc The Prop Depot, Inc 5010 West Knollwood St. Tampa, Florida 33634 (813) 880-8844 Phone

3334

To: Division of Corporations Uniform Business Report Filings
Katherine Harris – Secretary of State
P.O. Box 6327
Tallahassee, Florida 32314

May 02, 2002

Katherine Harris- Secretary of State:

This letter is in reference to a conversation on May2, 2002 with a representative from your department concerning the Uniform Business Report due date May 1, 2002. As discussed with this representative, the payment had been over looked due to the owner's father's recent emergency surgery and treatment for colon cancer. Our companies have never been late in the pass with this payment and this was strictly an oversight. We would appreciate any consideration you can give to us in this matter in order not to have to pay the late fee.

Enclosed, proper forms and checks in the amount of a \$150.00 for each company as of May 1, 2002.

Thank you in advance for you consideration in this matter.

Very Truly Yours,

Ida-Mae M. Mohr

Casino Designs, Inc \ The Prop Depot, Inc.