2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: <

FILED DOCUMENT # **P95000075170** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** FRIENDLY FREDDY OF PINELLAS PARK, INC. 01-20-2000 90137 013 ***150.00 Principal Place of Business Mailing Address 2043 DIAMOND CT 2043 DIAMOND CT OLDSMAR FL 34677-1946 OLDSMAR FL 00020000 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3338198 Not Applicable Zip \$8.75 Additional-_Country_ _. _ 5. Certificate of Status Desired - -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AWAD, TONY S. Street Address (P.O. Box Number is Not Acceptable) 2043 DIAMOND CT OLDSMAR FL 34677 Zip Code FL 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE AWAD, ABDEL-MESSEEH S NAME STREET ADDRESS 1791 SUNWOOD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 Addition ☐ Delete ☐ Change TITLE AWAD, TONY S NAMÉ NAME STREET ADDRESS 2043 DIAMOND CT STREET ADDRESS CITY-ST-ZIP OLDSMAR FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE 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

18 V.P. 1/14/2000 (727) 781-9181