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SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) Mar 14, 2000 8:00 am DOCUMENT # **P95000081635** Secretary of State A JASON HOWALD, INC. 03-14-2000 90029 046 ***150.00 Principal Place of Business Mailing Address 8743 56TH WAY NORTH 8743 56TH WAY NORTH PINELLAS PARK FL 33782 PINELLAS PARK FL 33782-5044 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3341338 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWALD, JASON D Street Address (P.O. Box Number is Not Acceptable) 8743 56TH WAY NORTH PINELLAS PARK FL 33782 Zip Code City 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. DATE (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 Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITI F TITLE HOWALD, JASON D NAME NAME STREET ADDRESS 8743 56TH WAY NORTH STREET ADDRESS CITY-ST-7IP PINELLAS PARK FL 33782 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME **BURNS, JEFFREY** NAME STREET ADDRESS 8743 56TH WAY NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33782 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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-ZIE CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Daytime Phone #