

*Amended Report
Change of Officer*

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 12 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095081
1. Entity Name FRIENDSHIP GARDENS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2869 Sarah Drive, Clearwater, Florida
3. Mailing Address: 2869 Sarah Drive, Clearwater, Florida

4. FEI Number Applied For
Not Applicable

Zip: 33759 Country: Pinellas

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Marie Kay Sirochman
Street Address: 2869 Sarah Drive
City: Clearwater FL Zip Code: 33759

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: *Marie Kay Sirochman Pres.* DATE: 8/8/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE: President NAME: Marie Kay Sirochman STREET ADDRESS: 3587 Fairway Forest Drive CITY-ST-ZIP: Palm Harbor, FL. 34685	TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]
TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]	TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]
TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]	TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]
TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]	TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]
TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]	TITLE: [REDACTED] NAME: [REDACTED] STREET ADDRESS: [REDACTED] CITY-ST-ZIP: [REDACTED]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Kay Sirochman* Date: 8/8/02 Daytime Phone #: 727-299-2659

8/12/02