2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P96000006680 1. Entity Name STEVEN B. BEATTY, INC. 04-17-2001 90142 026 ***150.00 Mailing Address Principal Place of Business 1 MANGROVE POINTE 1 MANGROVE POINTE ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3361367 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent BEATTY, FRANCESCA B ESQ. Street Address (P.O. Box Number is Not Acceptable) 1 MANGROVE POINTE ST. PETERSBURG BEACH FL 33706 Zip Code City 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 DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME BEATTY, STEVEN B STREET ADDRESS STREET ADDRESS 1 MANGROVE POINTE CITY-ST-ZIP CITY-ST-ZIF ST. PETERSBURG BEACH FL 33706 ☐ Change ☐ Addition ☐ Delete TITLE NAME **BEATTY, FRANCESCA B** NAME STREET ADDRESS STREET ADDRESS 1 MANGROVE POINTE CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG BEACH FL 33706 - Change ---- - Addition-THTLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F 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 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

STEVEN BEATTY