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FILED
Jun 05, 2002 8:00 am
Secretary of State
05-13-2002 90091 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019241

1. Entity Name
29th Street, Inc.

91615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1215 29th Street	5445 Lake Jessamine Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32805 Country: USA	Zip: 32809 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3380400 ☐ Applied For ☐ Not Applicable

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: Paige Hammond Wolpert

Street Address (P.O. Box Number is Not Acceptable): 315 E. Robinson Street, Suite 600

City: Orlando FL Zip Code: 32801

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: Paige Hammond Wolpert 5/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

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	D
NAME	Hanna, Richard
STREET ADDRESS	5445 Lake Jessamine Dr.
CITY-ST-ZIP	Orlando, FL 32809
TITLE	D
NAME	Hanna, Kaye
STREET ADDRESS	5445 Lake Jessamine Dr.
CITY-ST-ZIP	Orlando, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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

SIGNATURE: Richard Hanna (407) 859-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #