2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000023281 Apr 18, 2001 8:00 am Secretary of State RICHARD, C. MINARDI, P.A. 04-18-2001 90039 003 ***150.00 Principal Place of Business Mailing Address 111 S. MOODY AVE. 111 S. MOODY AVE. TAMPA FL 33609 TAMPA FL 33609 3. Mailing Address 2. Principal Place of Business SANDPIPER# IO SANDPIPER DO NOT WRITE IN THIS SPACE 59-3366959 Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent and Address of Current Registered Agent MINARDI, RICHARD C 111 S. MOODY AVE. **TAMPA FL 33609** 8. The above named entity submits this statement for the purpose of changing its registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Addition ☐ Delete TITLE TITLE MINARDI, RICHARD C NAME NAME 111 S. MOODY AVE. STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition 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 Delete TITLE Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR PRESENT CHARGE CALL CHARGE CALL CHARGE CONTRACTOR PRESENT CHARGE CHA