2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P96000028572** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name PHANTOM OF CLEARWATER, INC. 04-03-2000 90174 024 ***150.00 Principal Place of Business Mailing Address 555 MARTIN LUTHER KING BLVD 2416 GULF-TO-BAY BLVD CLEARWATER FL 34623 YOUNGSTOWN OH 44502 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3379226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARAGE, NANCY Street Address (P.O. Box Number is Not Acceptable) 707 N FRANKLIN ST 4TH FLOOR **TAMPA FL 33602** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITI E TITLE □ Delete ZOLDAN, BRUCE J NAME MARKE STREET ADDRESS 555 MARTIN LUTHER KING JR BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN OH 44502 Addition ☐ Change Delete TITLE ZOLDAN, ALAN L STREET ADDRESS 555 MARTIN LUTHER KING JR BLVD STREET ADDRESS CITY-ST-ZIP YOUNGSTOWN OH 44502 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete **BOSTOCKY, JERRY** NAME STREET ADDRESS STREET ADDRESS 555 MARTIN LUTHER KING JR BLVD CITY-ST-ZIP YOUNGSTOWN OH 44502 CITY-ST-ZIP TREASURER **X** Addition TITLE ☐ Delete FRANK PETER S. 555 MANTIN WOTHER KING IN BLUD NAME STREET ADDRESS STREET ADDRESS oundestoud also 44502 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Daytime Phone #