2001 UNIFORM BUSINESS REPORT (UBR)

Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P96000028572 PHANTOM OF CLEARWATER, INC. 03-16-2001 90030 015 ***150.00 Mailing Address Principal Place of Business 555 MARTIN LUTHER KING BLVD 2416 GULF-TO-BAY BLVD YOUNGSTOWN OH 44502 CLEARWATER FL 34623 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3379226 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FARAGE, NANCY Street Address (P.O. Box Number is Not Acceptable) 707 N FRANKLIN ST 4TH FLOOR **TAMPA FL 33602** Zip Code FL 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 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME ZOLDAN, BRUCE J 4490 Devonshire Dr. STREET ADDRESS 555 MARTIN LUTHER KING JR BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN OH 44502 Youngstown, Off. Change ☐ Addition ☐ Delete TITLE NAME ZOLDAN, ALAN L NAME 6741 Lockwood Blud. STREET ADDRESS 555 MARTIN LUTHER KING JR BLVD $_{\scriptscriptstyle 30}$ STREET ADDRESS CITY-ST-ZIP Youngstown. OH, 44512 CITY-ST-ZIP YOUNGSTOWN OH 44502 Change Addition ☐ Delete TITLE TITLE NAME BOSTOCKY, JERRY NAME 305 Russo Dr. 555 MARTIN LUTHER KING JR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN OH 44502 ☐ Addition TITLE TITLE Delete NAME FRANK, PETER S NAME 8518 Summerland Trail STREET ADDRESS STREET ADDRESS 555 MARTIN LUTHER KING JR BLVD CITY-ST-ZIP CITY-ST-ZIP YOUNGSTOWN OH 44502 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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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 eath; 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 | SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR