2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000036378 Apr 21, 2000 8:00 am Secretary of State DRACO, INC. 04-21-2000 90009 048 ***150.00 Principal Place of Business Mailing Address 5100 95TH ST N 5100 95TH ST N STE 5 SUITES 8 & 9 ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708-3764 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For-4. FEL Number City & State City & State 59-3379501 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, ROBERT J ESQ. Street Address (P.O. Box Number is Not Acceptable) 1135 PASADENA AVENUE SOUTH STE 140 ST. PETERSBURG FL 33707 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 SIGNATUR 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 **PVST** Change TITLE Delete TITLE NAME DRAKE, RICHARD E NAME STREET ADDRESS STREET ADDRESS 1233 47TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG FL 33703 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME DRAKE, RICHARD E STREET ADDRESS STREET ADDRESS 1233 47TH AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP-ST. PETERSBURG FL 33703 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 DIRECTOR

. DRAKE 14/Apr 2000 (727)3

(727)399-2875

Daytime Phone #