2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 02, 2000 8:00 am Secretary of State **DOCUMENT#** 96000044479 1. Entity Name 06-02-2000 90006 015 ***150.00 STD MARKETING, INC. Mailing Address Principal Place of Business 12745-49th Street North 12745-49th Street North Clearwater, FL 346221 Clearwater, FL 34622 C0100286 2. Principal Place of Business 3. Mailing Address 230 Commerce Drive North 230 Commerce Drive North Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3397563 Largo, FL Largo, FL Not Applicable Country Zip Country Ζp \$8.75 Additional 5. Certificate of Status Desired 33770 USA 33770 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALAN GROSS FRANK R. DANIELS Street Address (P.O. Box Number is Not Acceptable) One Progress Plaza Barnett Tower 230 Commerce Drive North Suite #1210 St. Petersburg, FL Largo rement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this st SIGNATURE 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, 2000 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 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete President NAME Frank R. Daniels STREET ADDRESS STREET ADDRESS 2420 Butternut Court Dunedin, FL 34 98 CHY-ST-ZIP CITY-ST-ZIP ☐ Addition Sec./Tres. Change TITLE ☐ Delete NAME Janice E. Daniels STREET ADDRESS STREET ADDRESS 2420 Butternut Court CITY-ST-ZIP CITY-ST-ZIP Dunedin, FL 34698 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete 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 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of dustee empowered to execute this peport 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 on powered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE