2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # P96000052239 1. Entity Name 05-19-2002 90064 024 ***150.00 MISE EN PLACE MARKET, INC. Principal Place of Business Mailing Address 2616 SOUTH MACDILL AVENUE 442 W KENNEDY BLVD **TAMPA FL 33629 STE 100** TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3385408 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 Name BLITZ, MARYANN F Street Address (P.O. Box Number is Not Acceptable) 442 W KENNEDY BLVD **STE 100** TAMPA FL 33606 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 TITLE ☐ Delete TITLE ☐ Addition NAME BLITZ, MARTIN R NAME STREET ADDRESS 1205 E POWHATTAN AVE STREET ADDRESS CITY-ST-7IP TAMPA FL 33604 CITY-ST-ZIP DP TITLE ☐ Delete TITLE ☐ Addition NAME BLITZ, MARYANN FERENC NAME 108 que Aconae STREET ADDRESS 1205 E POWHATTAN AVE STREET ADDRESS Rete Beach, FC CITY-ST-ZIP **TAMPA FL 33604** CITY-ST-ZIP Delete ~ TITLE FERENC, WANDA H NAME 3225 W. Fielder Street STREET ADDRESS 108 4TH AVENUE STREET ADDRESS CITY-ST-ZIP ST PETE BEACH FL 33707 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

lary Court Teven CBL & GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 trusted 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.

FILED