2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

FILED Aug 13, 2002 8:00 am Secretary of State

07-30-2002 90382 027 ***550 00

P97000038452 1. Entity Name ITG INC. Principal Place of Business Mailing Address 119 108TH AVE., BOX 137 5455 4TH ST. N. 41162 TREASURE ISLAND FL 33706 ST. PETERSBURG FL 33703 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 59-3451729 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required ---7. Name and Address of New Registered Agent Name NOVAK, EVA Street Address (P.O. Box Number is Not Acceptable) 5455 4TH ST. N. ST. PETERSBURG FL 33703 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE . NAME NOVAK, ALEXANDER □ Addition (9/01) NAME STREET ADDRESS 10411 Cirimuya Lame Seminole, Fl 33772 119-100TH AVE.: BOX-137 STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL 33708 CR2E034 CITY-ST-71P m_F VD. O Celete TITLE NAME Addition NOVAK, EVA NAME STREET ADDRESS 149-100TH AVE., BOX 137 10411 Cirinnaya Lance STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND PL 33708: CITY-ST-ZIP TITLE Delete_ TITLE . NAME Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Defete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-71P

SIGNATURE PROJE

, Delete

☐ Change

☐ Addition