2000 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2000 8:00 am Secretary of State DOCUMENT # P9700040042 1. Entity Name P.H. BLANTON ENTERPRISES, INC. 05-22-2000 90008 013 ***150.00 Principal Place of Business Mailing Address 6606 ELIZABETH STREET 6606 ELIZABETH STREET TAMPA FL 33604 TAMPA FL 33604-6119 U00000002. Principal Place of Business 3. Mailing Address 18914 Rogerland Road 18914 Rogerland Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Shady Hills, FL Citysh Stately Hills, FL 34610 34610-59-3444 180 Not Applicable 3056 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOYETTE, MICHEAL -Street Address (P.O. Box Number is Not Acceptable) 28237 SR 54 WESLEY CHAPEL FL 33543-4207 ~ 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 Fiorida. DATE 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 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. X Change X Addition TITLE ☐ Delete BLANTON, PATRICK H NAME NAME STREET ADDRESS STREET ADDRESS 6606 ELIZABETH STREET 18914 Rogerland Road TAMPA FL 33604 CITY-ST-ZIP CITY-ST-ZIP Shady Hills, FL 34610-3056 ٧D ☐ Change Addition Delete TITLE TITLE BLANTON, BONNAY D NAME NAME DELETE 6606 ELIZABETH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33604** TITLE ☐ Change → ☐ Addition TITLE Delete NORTON, ROBERT J Z-. DELETE. STREET ADDRESS STREET ADDRESS 6606 ELIZABETH STREET CITY-ST-7/P CITY-ST-ZIP TAMPA FL 33604 Change | Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS *** CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE

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.

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SIGNATURE:

The order of the

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