FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P97000050197 1. Entity Name 04-22-2002 90295 039 ***150 00 TJ ROPP ACCOUNTING SERVICES INC Principal Place of Business Mailing Address P.O. BOX 5887 P.O. BOX 5887 SARASOTA FL 34277-5887 SARASOTA FL 34277-5887 2. Principal Place of Business 3. Mailing Address 3202 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0766440 SA11521A Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34234 ALASOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN Kopl ROPP, TERESA A Street Address (P.O. Box Number is Not Acceptable) 741 BUCKSKIN CT ENGLEWOOD FL 34223 3202 N TAMIAMI 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 (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 **d** Delete DPT TITLE ☐ Addition NAME ROPP, TERESA A NAME STREET ADDRESS 741 BUCKSKIN CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 TITLE **DVPS** ☐ Defete TITLE Addition ROPP 5.40 6 PO BOX 5887 NAME ROPP, JOHN B NAME STREET ADDRESS STREET ADDRESS 741 BUCKSKIN CT SARASOTA, FI 34277-5857 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 TITLE Delete ._ TITLE. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other