FOR PROFIT CORPORATION

FILED May 14, 2002 8:00 am Secretary of State

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| 7.524 Belicher Rd. N. P.O. Box 1453 Sillin Apr. etc. | | W. W | | | | · | | |
| Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Clearwater, Florida Cny & State Tarpon Springs, Fla. 30, 55 U.S. A. 34688 | | O NOT WRITE | IN THIS S | PAC | E | | | |
| Coy & Stoke ClearWater, Plorida Tarpon Springs, Pla. Secretificate of Stutic Desired Peak Required Peak Additional Peak Required Agent Name PONOT WRITE Name Ruce M. Harlan, Esq. Secret Authors (Pos Number is Not Acceptable) 29295 U.S. 19 N. Ste 101 Cry ClearWater FL 337661 Cry ClearWater FL 337661 The above named entity submes this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. Signature (Police Peak New Englands agent and the Egipticus After May 1. Fee is \$150.00 Tar ding recurrenced and elects to do so. Tarpon Springs, Pla. Tar | | | 3. Mailing Address P.O. Box 1 | 453 | | | | |
| Clearwater, Florida Tarpon Springs, Fla. 593503921 Templement 20 page 37755 U.S.A. 34688 U.S.A. 5. Certificate of Status Desired Fee Required Fee Required Fee Required Agent V.S.A. 5. Certificate of Status Desired Fee Required Fee Required Agent Name Bruce M. Harlan, Esq. 5. Certificate of U.S.A. 19 N. Ste 101 DO NOT WRITE See Additional Processing of Colon Number is Not Accordable 29236 U.S. 19 N. Ste 101 U.S.A. 19 N. Ste 101 Cary Clearwater FL 337661 Cary Clear | Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | DO NOT WRITE | IN THIS SPACE | |
| 33765 U.S.A. 34688 U.S.A. 5. Certificate of Status Desired See Required Face Face Required Face Required Face Required Face Face Face Face Face Face Face Face | Clearw | | | ings | Fla. | • | | |
| DO NOT WRITE IN THIS SPACE IN THIS SPACE Or Clarwater Cry Clarwater Cry Clarwater FL 33761 Signature ipond or june former of mounted open and decir appearant Annually 1. Fee is \$550.00 An | | 1 | | 1 | • | : | | |
| DO NOT WRITE IN THIS SPACE See Address (9.0 Box Number is Not Acceptable) 2929.6 LL.S. 19 N. Ste 101 City Clearwater FL 33761 6. The above named entity submits this statement for the purpose of changing its registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE Syndra lypid in reled once or registered agent, or outh, in the State of Florica. SIGNATURE agent | | | J. 3.300 | | *************************************** | : 7. Name and Address of Current R | | • |
| Signature: Signature: Signature: Signature: This corporation is eligible to satisfy its intangible Tax filling required and elects to do so. After May 1: Fee is \$350.00 After May 1: Fe | | | | | Street Address (292 | P.O. Box Number is Not Acceptable) | - | |
| SIGNATURE Signature spead or present segment for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. 9. This corporation is eighble to satisfy its intengible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. The State of Florida. 13. The State of Florida. 14. The Douk issa M. Love 30.4 W. Lime St. Tax pon Springs. Fla. 32689 15. The State aboves 5.29 16. Singer aboves 5.29 17. St. 29 17. St. 20 17. St. 29 17. St. 20 | | | | | Clea | rwater | FL 3 ^{Zij} | Code 761 |
| Pres., Secry., Treasurer Doukissa M. Lowe 304 W. Lime St. Tarpon Springs, Fla. 34689 III.E HAME HAME HAME HAME HAME HAME HAME HAM | Tax filing req (See criteria | uirement and elects to do so 🧸 🦼 | After Mey Amende | / 1, Fee is id UBR is | \$550,00 \$61.25 | Trust Fund Contribution | * **** | |
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| AME REET ADDRESS ITY - ST - ZIP CITY - ST - ZIP CITY - ST - ZIP | CITY-ST-ZIP | | | 8:00:00:00 | | | | |
| \$97.97.00 M | ITLE IAME ITREET ADDRESS | | | NAME | ADDRESS. | | | |
| | iTY-ST-ZIP | | *************************************** | CITY-S | T-ZIP | | | |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 - 80 4 - 173 8 Dayling Phone #