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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P97000073538 EASTERN RIBBON & ROLL CORP. -25-2001 90080 046 ***150.00 Principal Place of Business Mailing Address 15375 ROOSEVELT BOULEVARD 15375 ROOSEVELT BOULEVARD 747906 SUITE 302 SUITE 302 CLEARWATER FL 33760 CLEARWATER FL 33760 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 13-3665835 Not Applicable Zip Country Zip 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 HAUSNER, ALVIN H Street Address (P.O. Box Number is Not Acceptable) 15375 ROOSEVELT BOULEVARD **SUITE 302 CLEARWATER FL 33760** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 C00 CR2E034 (10/00 TITI F ☐ Change ☐ Addition TITLE ☐ Delete HAUSNER, ALVIN H NAME NAME 15375 ROOSEVLET BLVD, STE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLÉARWATER FL 33760 CITY-ST-ZIP COO ☐ Delete ☐ Change Addition TITLE TITLE **BOLLURA, BLAISE** NAME NAME 15375 ROOSEVELT BLVD., STE. 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** TITLE ☐ Delete TITLE ☐ Change Addition LEVYN, JONATHAN NAME: NAME 15375 ROOSEVELT BLVD, STE 302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33760 Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 13. I hereby certify that the information supplied with this filling 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 will an address, with all other like empowered.