2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am P97000083821 DOCUMENT # Secretary of State 01-21-2002 90022 019 ***158 ADAMS, BLACKWELL & DIACO, P.A. Principal Place of Business Mailing Address 101 E. KENNEDY BLVD. 101 E. KENNEDY BLVD. #2175 #2175 **TAMPA FL 33602** TAMPA FL 33602 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 59-3481019 Not Applicable Zip Country Zin 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 Name DIACO, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD. SUITE #2175 TAMPA FL 33602 City Zip Code FL 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) 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, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. Change Delete TITLE ☐ Addition Stephen C. Diaco P 101 East Hunnely Blud., \$2175 NAME DIACO. STEPHEN C NAME STREET ADDRESS 101 E. KENNEDY BLVD. #2175 STREET ADDRESS Tampa, FL 73602 CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP Kondrick J. Blackwell VP Change ٧S **Æ** Delete TITLE Tampa, LL 32602 NAME Blackwell, Kendrick NAME STREET ADDRESS STREET ADDRESS 101 E. KENNEDY BLVD. #2175 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 Robert D. Adams 5 101 E. Kennedy Blvd. #3175 Tampa, FL 33602 TITLE TITLE Delete ☐ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Joseph F. Diaco, Jr. TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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RKendrick DT Blackwell 1/10) SIGNATURE: 🛫

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