2000 UNIFORM BUSINESS REPORT (UBR)

May 23, 2000 8:00 am Secretary of State DOCUMENT # P97000098624 PINELLAS CHEER, INC. 05-23-2000 90259 034 ***150.00 Principal Place of Business Mailing Address 5618 SYCAMORE ST N. 11801 -28 ST N. ST PETERSBURG FL 33703-2242 #5B ST PETERSBURG FL 33716 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3440747 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired : Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINCEL. RONALD E Street Address (P.O. Box Number is Not Acceptable) 5618 SYCAMORE ST NO ST PETERSBURG FL 33703 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 < (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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CANDICE J QUINCEL NAME NAME STREET ADDRESS 5618 SYCAMORE ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Addition ☐ Delete Change TITI F RONALD E QUINCEL NAME NAME STREET ADDRESS STREET ADDRESS 5618 SYCAMORE ST N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED