2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State P97000100764 DOCUMENT # 1. Entity Name 01-23-2002 90028 043 ***150.00 MIKE BRINK INC. Principal Place of Business Mailing Address 1935 36TH AVENUE NORTH 1935 36TH AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 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 59-3482240 Not Applicable Country Zip Country Zip \$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 LANTOS, EDWARD J Box Number is Not Acceptable) 2987 62ND AVENUE SOUTH ST. PETERSBURG FL 33713 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 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П 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 TITLE ☐ Delete TITLE Change ☐ Addition BRINK, MICHAEL F NAME NAME 1935 36TH AVENUE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition SANTA CRUZ, ROSALINDA NAME NAME 1935 36TH AVENUE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITT È LANTOS, EDWARD J NAME NAME STREET ADDRESS 2987 62ND AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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-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, juit all other like emprowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

1-9-02

727-560-1692 Daytime Phone #

FILED