2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000105558** Apr 26, 2000 8:00 am Secretary of State TAMPA BAY REALTY GROUP, INC. 04-26-2000 90178 035 ***150.00 Principal Place of Business Mailing Address 215 W. MLK JR. BLVD. 215 W. MLK JR. BLVD. SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3483832 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COMMEE **BROWN, TERRY** Street Address (P.O. Box Number is Not Acceptable) 1638 COMMEE COLLE 1403 WOODSTOCK DRIVE **BRANDON FL 33511** City E FENER Zip Code 33584 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVTS** ■ Delete **™** Change ☐ Addition TITLE TITLE **BROWN, TERRY** NAME STREET ADDRESS 1403 WOODSTOCK DRIVE STREET ADDRESS **BRANDON FL 33511** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE BROWN, TERRY NAME NAME STREET ADDRESS 1403 WOODSTOCK DRIVE STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Addition | Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

Sinue Gozdon COMMEE 4-18-2008 (813)655 9111