2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # **P97000106880 Secretary of State** CSS COMPANIES, INC. 03-03-2000 90020 010 ***150.00 Mailing Address Principal Place of Business 5706 BENJAMIN CENTER DRIVE BENJAMIN CENTER DRIVE 5117E 116 SUITE 116 D0024391 TAMPA FL 33634-5262 IAMPA FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3526235 Not Applicable 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 EMBURGH, CARL VAN Street Address (P.O. Box Number is Not Acceptable) 3614 CASABLANCA AVE ST PETE BEACH FL 33706 Zip Code City 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 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 11. OFFICERS AND DIRECTORS 12 TITI F Change ☐ Delete TITLE HIGGINS, MICHAEL M NAME STREET ADDRESS 813 SAND CASTLE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33511 ☐ Addition ☐ Change TITLE ☐ Delete VAN EMBURGH, CARL NAME NAME 3614 CASABLANCA AVE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition SD TITLE ☐ Dalete TITLE VAN EMBURGH, VYDA NAME NAME 3614 CASABLANCA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 35706 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 changed, or on an attachment with an address, with all other line empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Change

Addition