FILED 2003 FOR PROFIT CORPORATION Mar 03, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P98000013998 DOCUMENT # 1. Entity Name 03-03-2003 90843 015 ***150.00 FRENCH & ASSOCIATES, INC. Principal Place of Business Mailing Address 5108 BRITTANY DR SO 5108 BRITTANY DR SO #107 #107 SAINT PETERSBURG FL 33715 SAINT PETERSBURG FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3496240 Not Applicable Zip Country Zip 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 FRENCH, GORDON S Street Address (P.O. Box Number is Not Acceptable) 5108 BRITTANY DR SO #107 SAINT PETERSBURG FL 33715 City Zip Code 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change FRENCH, GORDON S Addition NAME NAME 5108 BRITTANY DR SO, #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33715 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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-71P ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME

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 10 or Block 11 if

CITY - ST - 7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

> SIGNATURE AND TY PED OR PRINTED NAME OF SIGNING OFF

☐ Delete

Change

☐ Addition

Applied For