2002 UNIFORM BUSINESS REPORT (UBR) P98000043411 **DOCUMENT #** 1. Entity Name 05-28-2002 91773 019 ***150.00 38TH TERRACE, INC.

Mailing Address

FILED
May 28, 2002 8:00 am
Secretary of State

601 N. ASHLEY DR., SUITE 1200 TAMPA FL 33602 2. Principal Place of Business		601 N. ASHLEY DR., SUITE 1200 TAMPA FL 33602 3. Mailing Address							
					T				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	FEI Number 59-3514982		Not	olied For Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Ponictored Agent		7. N	ame and Address of New Re	gistered /	Agent		
	6. Name and Address of Current	negistered rigorit	Name					1	
HUGHES, (greg Ley Srive, 12th Floor	Street Address		s (P.O. Box Number is Not Acceptable)					
TAMPA FL			City			FL	Zip Code		
8. The above	named entity submits this statement I					DATE			
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent signature requ	ired when re	instating)	DATE:			
9. This corpo	ration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	NOW!! FEE IC 6150.00		State	10. Election Campaign Fina Trust Fund Contribution	ı. [☐ Ådded	May Be to Fees	
	OFFICERS AN		12.	AD	DITIONS/CHANGES TO OFFI	CERS AN		5 (N 1)	
TITLE NAME STREET ADDRESS	PDS HUGHES, GREGORY L 601 N ASHLEY DRIVE, 12TH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS	TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied on this report or supplemental repo	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	in Section	119.07(3)(i), Florida Statutes.	I further	Change	Addition	

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:

Principal Place of Business

Daytime Phone # Date