FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 30, 2002 8:00 am Secretary of State DOCUMENT # P98000075355 1. Entity Name 05-30-2002 91601 029 ***150.00 DAKOTA ENTERPRISES OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address 8401 9TH ST. N. 8401 9TH ST. N. SUITE E SUITE E ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3627097 Not Applicable \$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 DONOVAN, MARC Box Number is Not Acc 8401 9TH STREET NORTH SUITE E ST PETERSBURG FL 33702 City mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE sted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition CR2E034 (9/01 DONOVAN, MARC PO BOX 56475 NAME DONOVAN, MARC NAME STREET ADDRESS 8401 9TH ST N # E STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P □ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 eport 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 further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Marc Donovan

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

027-688-4 Daytime Phone #