2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P98000095167 PREVENT IT, INC. 04-19-2000 90065 023 ***150.00 Principal Place of Business Mailing Address 2625 STATE ROAD 590, APT, 1824 2625 STATE ROAD 590. APT. 1824 CLEARWATER FL 33759-2220 **いいりままりやり** CLEARWATER FL 33759 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3547519 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered A Name TOCCO, H B Street Address (P.O. Box Number is Not Acceptable) 2625 STATE ROAD 590, APT. 1824 **CLEARWATER FL 33759** 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. SIGNATURE 🕰 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition DP Delete TITLE TITI S TOCCO. HANNELORE B NAME STREET ADDRESS STREET ADDRESS 2625 STATE ROAD 590, #1824 CITY-ST-ZIP CITY-ST-ZIF **CLEARWATER FL 33759** ☐ Addition ☐ Change ☐ Delete TITLE TOCCO, DENNIS F SR. NAME NAME STREET ADDRESS 2625 STATE ROAD 590, APT. 1824 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME

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 like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

olemis. GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR