FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 30, 2001 8:00 am DOCUMENT # P98000095483.... Secretary of State Services of Sarasota, INC 05-30-2001 90030 048 ***150.00 Principal Place of Business Mailing Address C0070553 3. Mailing Address 2. Principal Place of Business 1350 S. TAMIAMI Tr. #294 1350 S. TAMIAMI Tr #294 Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0883302 SULUSOTA, FL Sarasota Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANCY NANCY L. TAYlOR 7628 S. TAMIAMI Tr. Street Address (P.O. Box Number is Not Acceptable) 1 Amiami SHRASOTA, FC 34231 SARASOTA 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE. DATE 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, 201 1 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 Payab a to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NANCY L. TAY OR 1350 S. TAMIAINI Tr #294 SARASOFA, FL 34231 MANCY L. TAYLOR 7628 S. TAMIAMI Fr. SHRASOFA, FL 34231 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANCY L. TAYlor 1628S. TAMIAMI Tr. 1628S. TAMIAMI Tr. NANCY L. TAY/OR LICHARGE 7350 S. TAMIAMITO. #294 SARASOTA, FL3W31 TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify to 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 report is 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 -- NANCY L. TAY/OR 5-18-01 941-95-4272 SIGNATURE AND TYPED OR PRINTED NAME OF SYGNING OFFICER IR DIRECTOR SIGNATURE: