2002 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2002 8:00 am Secretary of State P98000096318 DOCUMENT # 1. Entity Name STRATEGIC CAPITAL PARTNERS, INC. 04-26-2002 90020 023 ***150.00 Principal Place of Business Mailing Address 101 PHILIPPE PKWY---> 101 PHILIPPE PKWY A302-#302-SAFETY HARBON FL-34695 SAFETY HARBOR FL 94695 Ricipalities of Bistomes Tower 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3541143 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNAMARA, THOMAS P Street Address (P.O. Box Number is Not Acceptable) 2909 BAY TO BAY BLVD **STE 309 TAMPA FL 33629** 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 Signature, typed or printed 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE ☐ Addition FLANIGAN, RICHARD NAME NAME 401 PHILIPPE PKWY #302 STREET ADDRESS CR2E034 STREET ADDRESS SAFETY HARBOR FL 34695~ CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change □ Addition 'Lanigan, Michael D NAME NAME 101-PHILIPPE PKWY #302. STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL 34695 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 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:

igas 4/15/62 (20)937-3600

FILED