Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P98000098962 STAFFORD/DEMARCO, INC. 04-11-2001 90029 049 ***150.00 Principal Place of Business Mailing Address 2569 COUNTRYSIDE BLVD..STE.7A 2569 COUNTRYSIDE BLVD..STE.7A CLEARWATER FL 33761 CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3544905 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COSNOW, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) 3450 EAST LAKE RD. PALM HARBOR FL 34685 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. CR2E034 (10/00) Change ☐ Addition TITLE DP ☐ Delete TITLE NAME NAME DEMARCO, DAVID STREET ADDRESS STREET ADDRESS 2569 COUNTRYSIDE BLVD., STE.7A CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 TITLE **DCEO** ☐ Delete TITLE ☐ Change Addition NAME NAME DREW, BEVERLY STREET ADDRESS STREET ADORESS 2569 COUNTRYSIDE BLVD., STE.7A CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33761 ☐ Change ☐ Addition TITLE **VPST** Delete TITLE NAME NAME DREW, BEVERLY STREET ADDRESS STREET ADDRESS 2569 COUNTRYSIDE BLVD.,STE.7A CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

NAME OF SIGN