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2002 Uniform Business Report (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 13, 2002 8:00 am DOCUMENT # P98000100612 **Secretary of State** 1. Entity Name 03-13-2002 90153 022 ***150.00 DAVE TISHUK FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address **BUU4U1/7** 200 14TH AVENUE NORTH 3310 34TH ST N ST. PETERSBURG FL 33701 ST PETERSBURG FL 33713 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-3546564 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TISHUK, DAVID Street Address (P.O. Box Number is Not Acceptable) 200 14TH AVENUE NORTH ST. PETERSBURG FL 33701 Zip Code City FL 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) DATE 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, 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 12. CR2E034 (9/01 TITLE Delete TITLE Change ☐ Addition NAME NAME tishuk, david STREET ADDRESS STREET ADDRESS 200 14TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this fitting 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 poort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the company with a public of the corporation of the co