2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT #. P98000101585 Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** HAND IN HAND GROUP, INC. 02-22-2000 90032 024 ***150.00 Mailing Address Principal Place of Business 2475 ENTERPRISE RD., STE. 100 2475 ENTERPRISE RD., STE. 100 CLEARWATER FL 33763-1733 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3546687 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GOTTLIEB & GOTTLIEB, P.A.** Street Address (P.O. Box Number is Not Acceptable) 2475 ENTERPRISE RD., STE. 100 **CLEARWATER FL 33763** 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ÿ OFFICERS AND DIRECTORS 12. D ☐ Delete TIT! F ☐ Change Addition TITLE FORD, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 2475 ENTERPRISE RD., STE. 100 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Delete TITLE ☐ Change ☐ Addition TITLE WHITE, RON NAME NAME STREET ADDRESS STREET ADDRESS 2475 ENTERPRISE RD., STE. 100 CITY-ST-ZIP CITY-ST-ZIP -**CLEARWATER FL 33763** ☐ Change ☐ Addition ☐ Gelete TITLE TITLE OPATICH, RON NAME NAME 2475 ENTERPRISE RD., STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** Change ☐ Addition Delete TITLE TITLE GOTTLIEB, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 2475 ENTERPRISE RD., STE. 100 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33763** ☐ Change ☐ Addition TITLE ☐ Delete 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-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 principles are empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR