2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P98000103116 **1.** Entity[®]Name HEATHER CURTIS CONSULTING, INC. 05-01-2001 90034 035 ***150.00 Principal Place of Business Mailing Address 12402 PONY COURT 12402 PONY COURT TAMPA FL 33626 **TAMPA FL 33626** 2. Principai 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 59-3555213 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTIS, HEATHER G Street Address (P.O. Box Number is Not Acceptable) 12402 PONY COURT **TAMPA FL 33626** City Zio 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 Tapplicable (NOTE: Rog sterod 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. Acer MAY 1, 2001 De 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete HILE ☐ Change NAME CURTIS, HEATHER NAME STREET ADDRESS 12402 PONY COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33626 ☐ Delete TITLE TITLE Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Additio: NAME NAM² STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TIT: F ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE De!ete TITLE Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 is changed, or on an attachment with an address. With all other like empowered.

C:TY-ST-ZIP

City - ST - 7IP

ERG CUETIS 42101 OR PRINTED NAME OF SIGNING OFFICE