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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am DOCUMENT # P9900000344 Secretary of State CREDIT UNION BUSINESS CONSULTANTS, INC. 05-14-2001 90242 016 ***150.00 7~4 Principal Place of Business Mailing Address 6408 PARKLAND DR., STE, 105 6408 PARKLAND DR., STE. 105 SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address 6654 Windjammer 6654 Windiamore Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0884319 Applied For BRADENTOS BRADENTOS Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34202 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FELDER, BENJAMIN ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O KASS HODGES, P.A. 1505 N. FLORIDA AVE. **TAMPA FL 33601** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change : TITLE ☐ Delete PIANO, ANTHONY NAME NAME 6654 Windsammer PLACE 6408 PARKLAND DR., STE. 105 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP TITLE ☐ Delete TITLE PIANO, SANDRA NAME NAME 6654 Windjammer PLACE STREET ADDRESS 6408 PARKLAND DR., STE. 105 STREET ADDRESS BRADENTON, FL CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-7IP ☐ Addition TITLE TITLE Delete - -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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 13. I hereby certify that the information supplied