2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am § Secretary of State P99000013378 DOCUMENT # 1. Entity Name 03-29-2002 90190 017 ***150.00 DASHBOARD MEMORIES, INC. Principal Place of Business Mailing Address 3774-59TH STREET NORTH 3774-59TH STREET NORTH ST.PETERSBURG FL 33710 ST.PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 7276 Hunt Club Lane 5401 Central Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3559892 Seminole. St. Petersburg. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33776 Pinellas 33710 Pinellas Fee Required 6. Name and Address of Current Registered Agent -- 7. Name and Address of New Registered Agent MCATEE, CAROL Street Address (P.O. Box Number is Not Acceptable) 5156 CENTRAL AVE. 5401 Central Avenue ST.PETERSBURG FL 33707 St. Petersburg Zip Code ___33710 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 (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. TITLE ☐ Delete TITLE X Change ☐ Addition MCLAUGHLIN, CELIA NAME NAME STREET ADDRESS 3774 59 ST. STREET ADDRESS 7276 Hunt Club Lane CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIP Seminole, FL 33776 TITLE ☐ Delete TITLE X Change ☐ Addition NAME MCLAUGHLIN, RONALD R NAME 7276 Hunt Club Lane STREET ADDRESS STREET ADDRESS 3774 59TH ST N CITY-ST-ZIP Seminole, FL SAINT PETERSBURG FL 33710 CITY-ST-ZIP TITLE Delete TIT) F Change Addition 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-7IP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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 attachpent with an address, with all other like empowered.

SIGNATURE:

FILED

3-15-62 727-320-0981