2000 UNIFORM BUSIN SS REPORT (UBR) DOCUMENT # P99000020472 Apr 20, 2000 8:00 am Secretary of State THE STEWART COMPANY 04-20-2000 90020 029 ***150.00 Principal Place of Business Mailing Address 201 E-KENNEDY BLVD.: SUFFE-715 201-E KENNEDT BLVD., SUITE 715 TAMPA: FL 33002-5825 CALIDA EL 22002. LUUUULIN 2. Principal Place of Business 3. Mailing Address 101 E. Kennedy Blud. 161 E. Kennedy Blut Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3000 3000 Ste. Applied For 4. FEI Number Not Applicable \$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 SIMMONS, MARY W Street Address (P.O. Box Number is Not Acceptable)--201 E KENNEDY BLVD., SUITE 715 **TAMPA FL 33602** Zip Code 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. 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. Trust Fund Contribution. (See criteria on back) OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ■ Addition ☐ Delete STEWART, SEAN T. STEWART, SEAN T NAME NAME 101 E. Kennedy Blut. 5Ke 3000 4306 BEACH PARK DR. STREET ADDRESS STREET ADDRESS Tampa, Florida 33602 **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Addition NAME STEWART, DIANE E NAME 4306 BEACH PARK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **TAMPA FL 33609** Change Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 71F ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITI F 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 other like empowered.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR