2001 UNIFORM BUSINESS REPORT (UBR)

0367114

DOCUMENT # P99000023224

FILED
SECRETARY OF STATE
01 MAY -8 PM 3:35

1. Entity Name
EXPERIENTIAL AGE, INC.

Principal Place of Business	Mailing Address
14483 62ND STREET. N. CLEARWATER FL 33760	14483 62ND STREET. N. CLEARWATER FL 33760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10901 Roosevelt Blvd.	10901 Roosevelt Blvd.
Suite, Apt. #, etc. Suite 200A	Suite, Apt. #, etc. Suite 200A
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip / Country 33716 / USA	Zip / Country 33716 / USA

4. FEI Number 59-3594117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRUMFIELD, RUSSELL 14483 62ND STREET, N. CLEARWATER FL 33760	Name Street Address (P.O. Box Number is Not Acceptable) 10901 Roosevelt Blvd. Suite 200A City: St. Petersburg FL Zip Code 33716

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 C. Russell Brumfield, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST BRUMFIELD, RUSSELL 14483 62ND STREET, N. CLEARWATER FL 33760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10901 Roosevelt Blvd., Suite 200A St. Petersburg, FL 33716	☒ Change ☐ Addition
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CR2E034 (10/00)

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: C. Russell Brumfield (727)577-9895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #