2002 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2002 8:00 am Secretary of State **DOCUMENT #** P99000040833 1. Entity Name COLUMBUS BLVD., INC. 01-29-2002 90056 007 ***150.00 Principal Place of Business Mailing Address 3713 TORREY PINES BLVD 3713 TORREY PINES BLVD SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0916578 Not Applicable Zip Country Zip 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 WEINSTEIN, PAECIA S Street Address (P.O. Box Number is Not Acceptable) **3713 TORREY PINES BLVD** SARASOTA FL 34238 City Zip Code FL 2. 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, 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 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE DP TITLE ☐ Delete Change ☐ Addition NAME WEINSTEIN, MORRIS L NAME STREET ADDRESS 3713 TORREY PINES BLVD STREET ADDRESS CITY-ST-7IP SARASOTA FL 34238 CITY-ST-ZIP TITLE ☐ Defete ☐ Addition TITLE Change DST NAME WEINSTEIN, PAECIA S STREET ADDRESS STREET ADDRESS 3713 TORREY PINES BLVD. CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34238 TITLE Delete TITLE ☐ 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-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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 attach

EINSTEIN 1/14/02 941-926-3713

FILED