2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P99000042857 TEEN LIFE ASSOCIATES, INC. 04-27-2001 90308 011 ***150.00 Mailing Address Principal Place of Business 2510 S. MACDILL AVE. 2510 S. MACDILL AVE. TAMPA FL 33692 TAMPA FL 33692 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 06-1320994 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILHOIT, ERNIE Street Address (P.O. Box Number is Not Acceptable) 2510 S. MACDILL AVE. **TAMPA FL 33692** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. WILHOIT BRATE ☐ Addition TITLE D ☐ Delete TITLE 344 INNOR HARBON CIESLE NAME NAME WILHOIT, ERNIE STREET ADDRESS STREET ADDRESS 2413 BAYSHORE BLVD #1401 TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33692** Addition TITLE HOT, BARBAMA JANE 🔲 Delete TITLE NAME WILHOIT, BARBARA JANE NAME 4-INNER HARBORE CHECKS STREET ADDRESS STREET ADDRESS 2413 BAYSHORE BLVD. #1401mp A, FC 33602 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33692 Change ☐ Addition TITLE □ Delete NAME WILHOIT, EDIE MARIE NAME STREET ADDRESS 1401 S. LORENZO AVE. STREET ADDRESS AMPA, FL 33692 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33692 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE 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

13. I hereby certify that the information supplied with this filling 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 repeliver 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:

EDIE MITTRIE WILLHOIT VP AND DIRECTOR

1005-8-40

813-902-0415

Daytime Phone #