2000 UNIFORM BUSINESS REPORT (UBR) 2/1/ DOCUMENT # P99000043963 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name ANNETTE SALE & ASSOCIATES, INC. 02-01-2000 90063 036 ***150.00 Principal Place of Business Mailing Address 138 MARCDALE BLVD. 138 MARCDALE BLVD. ÍNDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785-2675 400034 940 3. Mailing Address Principal Place of Business NARCISSUS Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Le Adresa earwater 4. FEI Number City & State City & State Applied For Not Applicable \$8.75 Additional 337 G7 5. Certificate of Status Desired 23767 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASKIN, HAMDEN H III.ESQ Street Address (P.O. Box Number is Not Acceptable) 516 N. FT. HARRISON AVENUE CLEARWATER FL 33755 City Zip Code 8. The above named entity submits this statement for the purpole of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS SME, Annette TITLE Delete TITLE Change 2:2000 SALE, ANNETTE D NAME NAME 940 NAKKISSUO AUG STREET ADDRESS 138-MARCDALE BLVD. STREET ADDRESS beenster Bea CITY-ST-ZIP CITY-ST-ZIP 33767 INDIAN ROCKS BEACH FL 33785 ☐ *::". TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ ::::::: TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _____ ☐ Delete Change . TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete ☐ Change C · · · · · 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 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 GNATURE AND TYPED OR PRINTED HAME OF SIGN