FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am § Secretary of State P99000056700 DOCUMENT # 1. Entity Name 05-20-2002 90127 026 ***150.00 SAVAGE INN, INC. Principal Place of Business Mailing Address 5500 FIRST AVE N 5500 FIRST AVE N 429789 ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 1396 80th Street S. 3. Mailing Address 1396 80th Street S. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2957890 Petersburg, FL3370 ⁷St. Petersbur<u>g, FL</u> Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 33707 Pinellas 33707 Fee Required Pinellas 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAVAGE, DÚDLEY Street Address (P.O. Box Number is Not Acceptable) 5500 FIRST AVE N ST PETERSBURG FL 33710 1396 80th Street S. City Zip Code St 33707 Petersburg 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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. 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPST** TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition Change SAVAGE, DUDLEY NAME NAME 1396 80TH ST S STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33707 CITY-ST-7IP CITY-ST-ZIP TITLE Đ٧ ☐ Delete TITLE Change ☐ Addition NAME SAVAGE, MARSHA NAME 5500 FIRST AVE N STREET ADDRESS STREET ADDRESS 1396 80th Street S. CITY-ST-ZIP ST PETERSBURG FL 33710 CITY-ST-ZIP <u>Petersburg,</u> FLTITLE ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 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 Savage, Resident 4-24-02

Daytime Phone #

SIGNATURE: