2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2002 8:00 am Secretary of State P99000058474 DOCUMENT # 1. Entity Name CONSUMER PRICE CHECK, INC. 04-22-2002 90263 004 ***150.00 Principal Place of Business Mailing Address 215 WOODLAND COURT: 215 WOODLAND COURT 4 SAFETY HARBOR FL 34695 SAFETY HARBORIFL 34695 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3584045 Not Applicable \$8.75 Additional Country Zip 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, COSTELLO, JAN M Street Address (P.O. Box Number is Not Acceptable) 215 WOODLAND COURT SAFETY HARBOR FL 34695 Zip Code City FI 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 (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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Change TITLE ☐ Delete TITLE costello, Jan M NAME NAME 215 WOODLAND COURT STREET ADDRESS STREET ADDRESS ISAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP TITLE VDT ☐ Delete TITLE Abdel EL FAQUIR, ABDEL ALI NAME NAME 215 WOODLAND COURT 215 Woodland Ct. STREET ADDRESS STREET ADDRESS ety Harbor, FL. 3469 SAFETY HARBOR FL 34695 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Nicholson, Debbie unsell. Debbie NAME ____ 9832 New Parke Road NAME STREET ADDRESS 10560 WINDSOR LAKE CT. STREET ADDRESS CITY-ST-ZIP tampa FL 33626 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Change ☐ Addition ☐ Delete TITLE 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 attachment with an address, with all other like empowered.

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