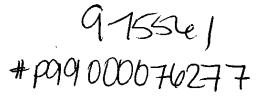
FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am Secretary of State DOCUMENT # P99000076277 1. Entity Name 08-19-2002 90153 035 ***150.00 MTLPC, INC. Principal Place of Business Mailing Address 6860 GULFPORT BLVD. S 6860 GULFPORT BLVD 50 975561 POB 328 P O BOX 328 SAINT PETERSBURG FL 33707 ST PETERSBURG FL 33707 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3614864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent SHERMAN, JEFFREY MARK 810 63RD AVE. NORTH ST. PETERSBURG FL 33702 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. I am familiar with, and accept the obligations of registered ag SIGNATURE (NOTE: Registered Agent signature required when reinstating) rinted name of registered agent and title if applicable DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11! OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (4/02) TITLE Change ☐ Addition TITLE PSTD ☐ Delete NAME DOUGLAS, JAMES NAME STHEET ADDRESS 6860 GULF PORT BLVD SO #328 STREET ADDRESS CITY-ST-ZiP SAINT PETERSBURG FL 33707 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP __ E Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE □ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ 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 expowered

Daytime Phone #

SIGNATURE:

MTLPC, INC.
P. O. BOX 3333
APOLLO BEACH, FLORIDA



Divisions of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

August 13, 2002

Re: 59-3614864

Dear Sir or Madam:

I recently received a 2002 Uniform Business Report Application. I was very distraught because I had not received notification prior to this notice and was very disappointed that I was having to pay the additional money because of payment being late. I am aware that this is my responsibility and this will not happen again. I have put it due on my calendar for January, 2003 in the event I don't receive a reminder.

MTLPC, Inc. address was changed in 2001 to the above address. Our mail was to be forwarded but I did not receive.

In reading the information I saw that the late fee could be waived if the corporation did not receive prior notice. Thank goodness!!!

I have enclosed a check for \$150.00 and am very appreciative of your understanding.

Sincerely,

James Douglas