FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P99000079744 KERNS - WHITEHOUSE & ASSOCIATES, INC. -28-2001 90130 035 ***158.75 Principal Place of Business Mailing Address 3918 U.S. HWY 301 NORTH, STE 110 3018 U.S. HWY 301 NORTH: STE-110 TAMPA FL 33819 TAMPA-FL 33619 2. Principal Place of Business 3. Mailing Address 1411 N. Westshore Boulevan Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE * 201 City & State City & State Applied For 4. FEI Number 59-3597729 Tampa Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A Kerns, P.E. OTERO, CHARLES A Street Addrew (P.O. Box Number is Not Acceptable) 1411 N. West-shove Boulevaro 3018 U.S. HWY 301 NORTH, STE-110 TAMPA FL 33619 # 201 Zip Code **336 07** City Tampa Tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Kerns, P.E. Principal SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PTD TITLE Addition TITLE ☐ Delete OTERO, CHARLES A NAME NAME 3018 US HWY 301 NH, , Ste 110 STREET ADDRESS 18218 CLEAR LAKE DR. STREET ADDRESS Tampa FL 33617 CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP Anneipal TITLE Addition ☐ Delete KERNS, ROY A 1411 N. Westshore Boulevard, #201 STREET ADDRESS 3018 U.S. HWY 301 NORTH, STE-110 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33619 CITY-ST-7IP Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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 attachmen) with an address, with all other like empowered.

1 1

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIFFECTOR

2.13.01

813-228-8218

Daytime Phon

CR2E034 (10/00)