2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000084693** May 03, 2000 8:00 am Secretary of State 1. Entity Name MARCI & MATTHEW, INC. 05-03-2000 90033 021 ***150.00 Principal Place of Business Mailing Address 785 WESTFIELD COURT 785 WESTFIELD COURT DUNEDIN FL 34698 DUNEDIN FL 34698-7441 2. Principal Place of Business 3. Mailing Address IIII Court 1111 Court St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State arwater, 1-1 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 110c1145 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent W. Sperber SPERBER, MATTHEW W Street Address (P.O. Box Number is Not Acceptable) 785 WESTFIELD COURT 1111 COUYT **DUNEDIN FL 34698** 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 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, 2000 Fee will be \$550.00 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 12. TITLE Change Delete TITLE matthew w. sperber matthew w. Sperber NAME NAME IIII COUNTST. IIII COURT ST STREET ADDRESS STREET ADDRESS Clearwater, Fl. 33756 Clearwater, Fl. 33756 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Marci H. Sperber NAME STREET ADDRESS STREET ADDRESS IIII COUYT ST. 33756 CITY-ST-ZIP CITY-ST-ZIP clearmeter fl ☐ Delete TITLE -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 ☐ Delete TITLE Change Addition TITLE 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: