2000-UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000087183 Jun 07, 2000 8:00 am Insiderstreet, Com, INC. **Secretary of State** 06-07-2000 90437 029 ***150.00 Principal Place of Business 2907 Bay to Bay Blvd 2907 Bay to Bay Blud Tampa FL 33629 2. Principal Place of Business 3. Mailing Address 518 N. Jampa 518 N. lampa Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-360092 Not Applicable lamoe__ ampa Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Miller Kaymond Miller, Raymond B. 2907 Bay to Bay Blud, #203 Street Address (P.O. Box Number is Not Acceptable) lampa Tampa FL 33629 Zip Code 33607 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** DATE 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change ☐ Delete TITLE Miller Raymond B. Miller, Raymond B. 2907 Bary to Bary #203 STREET ADDRESS 518 N. Tampa Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33629 Tampa ☐ Change ■ Addition TITLE ☐ Delete TITLE Steele, Merle NAME NAME STREET ADDRESS 220 Madison Street STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Tampa FL 33602 TITLE- ------- [-] Change -- 🗔 Addition Detete Fyvolent, Arthurs. NAME NAME STREET ADDRESS 2907 Boy to Bay # 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa Fi ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM