2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # **P99000089206** Feb 08, 2000 8:00 am **Secretary of State** PENTA PROPERTIES OF TAMPA BAY, INC. 02-08-2000 90073 034 ***158.75 Principal Place of Business Mailing Address 275 4TH STREET NORTH 275 4TH STREET NORTH ST.PETERSBURG FL 33701-3205 ST.PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Lave NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 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 WILSEY, DAVID F Street Address (P.O. Box Number is Not Acceptable) 275 4TH STREET NORTH ST.PETERSBURG FL 33701 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 OFFICERS AND DIRECTORS 12. 11. President/Director Addition Delete TITLE WILSEY, DAVID F Victoria Sanderlin NAME STREET ADDRESS 275 4TH STREET NORTH STREET ADDRESS 4152 130 Leme NE CITY-ST-ZIP t. Petersburg , FL 33703 CITY-ST-ZIP ST.PETERSBURG FL 33701 Vice Presnent/Director Addition Change ☐ Delete TITLE TITLE NAME NAME Michael Skuderlin STREET ADDRESS STREET ADDRESS 4152 13# Lane NE CITY-ST-ZIP CITY-ST-ZIP t. Patershory, F4 33703 Addition --- Delete TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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