2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 13, 2001 8:00 am Secretary of State DOCUMENT # P9900089796 1. Entity Name ROSA BLANCA, INC. 01-13-2001 90062 050 ***150.00 Principal Place of Business Mailing Address 201 N. FRANKLIN STREET 201 N. FRANKLIN STREET **SUITE 1700 SUITE 1700** REURUUUA TAMPA FL 33602 TAMPA FL 33602 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3603608 Not Applicable Country \$8.75 Additional Zio. Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREVATT, KAREN J Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET **SUITE 1700 TAMPA FL 33602** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition ☐ Change TITLE Delete PREVATT, KAREN J NAME NAME STREET ADDRESS 201 N. FRANKLIN STREET, SUITE 1700 STREET ADDRESS CITY-ST-7IP **TAMPA FL 33602** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE PREVATT, CLARENCE E SR. NAME NAME 201 N. FRANKLIN STREET, SUITE 1700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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: