2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State DOCUMENT # P99000091286 1. Entity Name SPECIAL OP'S SHOP, INC. 05-17-2002 90020 027 ***158.75 Principal Place of Business Mailing Address 8635 NEW YORK AVE. 8635 NEW YORK AVE. HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3616298 Not Applicable Zip Zip 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 IORANE FIORANELLI, JAMES P 8635 NEW YORK AVE. HUDSON FL 34667 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition FIORANELLI, JAMES P NAME STREET ADDRESS 8635 NEW YORK AVE. STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP TITLE ☐ Delete THOMAS & FIORANEIlli ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 8635 U.V. AUZ CITY-ST-ZIP TITLE Delete ... _ ... TITLE _ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

CR2E034 (9/01)