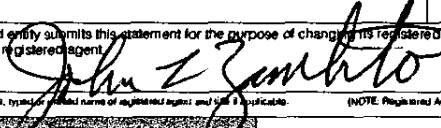
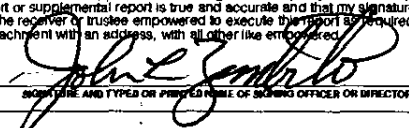


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90194 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P99000102120																																																																																						
1. Entity Name CONCH REPUBLIC ENTERPRISES, INC.																																																																																						
Principal Place of Business 939 PARK STREET ST. PETERSBURG, FL 33710		Mailing Address 939 PARK STREET ST. PETERSBURG, FL 33710																																																																																				
2. Principal Place of Business 13211 108th Ave Suite, Apt. #, etc.	3. Mailing Address 13211 108th Ave Suite, Apt. #, etc.	 ☒ CHECK HERE IF MAKING CHANGES																																																																																				
City & State Largo, FL	City & State Largo, FL																																																																																					
Zip 33774	Country Pinellas	4. FEI Number 59-2927512																																																																																				
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable																																																																																				
6. Name and Address of Current Registered Agent ZAMBITO, JOHN L 939 PARK STREET ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name John L. Zambito, Sr Street Address (P.O. Box Number is Not Acceptable) 13211 108th Ave City Largo FL Zip Code 33774																																																																																				
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE John L. Zambito DATE 3/16/03 (NOTE: Registered Agent Signature required when accepting)																																																																																						
FILE NOW! FEE IS \$150.00 After May 1, 2003 fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																				
<table border="1"><thead><tr><th colspan="2">10. OFFICERS AND DIRECTORS</th><th colspan="2">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td>☐ Delete</td><td>TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td>CITY-ST-ZIP</td><td></td></tr></tbody></table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	☐ Delete	TITLE	☒ Change ☐ Addition	NAME		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		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		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		TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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12. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.																																																																																						
SIGNATURE:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/16/03 DAYTIME PHONE # 727 4208636																																																																																				

CH2E034 (10/02)