FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P99000104489 PROFESSIONAL WRITING AND DESIGN, INC. 04-12-2001 90180 021 ***150.00 Principal Place of Business Mailing Address 3552 LAKE HIGHLAND DR. 3552 LAKE HIGHLAND DR. PALM HARBOR FL 34683 PALM HARBOR FL 34683 10032191 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 59-361 6845 Not Applicable Zip Country 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 PADDOCK, CLIFF Street Address (P.O. Box Number is Not Acceptable) 3552 LAKE HIGHLAND DR. PALM HARBOR FL 34683 Zip Code City 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) 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, 2001 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 11. 12. PRESIDENT TITLE ☐ Delete CLIFF PAPDOUL NAME 3552 LAKE LIGHLAND OR STREET ADDRESS STREET ADDRESS PALM HARBOR, FLORIDA 346B3 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE VICE PRESIDENT TITLE NAME NAME BENERLY PADDOCK STREET ADDRESS STREET ADDRESS 3552 LAKE HIGHLAND DR CITY-ST-ZIP CITY-ST-ZIE DALM-HALBOR, FOLIDA 34683 TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete : Change ☐ Addition TITLE! NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition 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

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

SIGNATURE: CL. FF PADDOCK 4/6/01 (727) 789-0243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Phone #