2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000110759 Apr 17, 2001 8:00 am Secretary of State TFO, INC. 04-17-2001 90171 027 ***150.00 Principal Place of Business Mailing Address 4890 W. KENNEDY BLVD., SUITE 800 4890 W. KENNEDY BLVD., SUITE 800 TAMPA FL 33609 **TAMPA FL 33609** C0047024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3618897 Not Applicable Zip Country 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 - -----RILEY, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 4805 W. LAUREL ST., SUITE 230 **TAMPA FL 33607** Zip Code 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PCEO** ☐ Addition ☐ Delete TITI F FASANI, GLENN D NAME NAME 4890 W KENNEDY BLVD STE 800 STREET ADDRESS STREET ADDRESS TAMPA FL 33609 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 supplied in the information indicated on this report or supplied in the information indicated on this report or supplied in the information indicated on this report or supplied in the information indicated on this report of the corporation or the register or trustee in powered 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 attacking with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Glenn D. Fasan

813-968-8463

Daytime Phone #