FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am **DOCUMENT # \$58893 Secretary of State** 1. Entity Name 34TH AVENUE PROPERTIES, INC. 02-19-2001 90031 046 ***150.00 Principal Place of Business Mailing Address 2325 LILMERTON RD 2325 ULMERTON RD CLEARWATER FL 33762 CLEARWATER FL 33762 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 59-3074302 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 NEWSOME, M.ROY Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD STE 7 **CLEARWATER FL 33762** City Zip Code 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change CR2E034 (10/00) TITLE ☐ Delete TITLE NEWSOME, M. ROY NEWSOME M. ROY NAME NAME 2325 Ulmenton RD Str. 7 2325 ULMERTON ROAD, SUITE 21 STREET ADDRESS STREET ADDRESS EARNATER, F-L 33762 **CLEARWATER FL 33762** CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE NEWSOME, NANCY TITLE 2325 Ulmzeton RD. Str. 7 NEWSOME, NANCY R. NAME NAME 2325 ULMERTON ROAD, SUITE 21 STREET ADDRESS STREET ADDRESS LEARWATER, FL 33762 CLEARWATER FL-33762 CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-14-01 (727)572-0060