2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V50004** May 08, 2000 8:00 am Secretary of State 1. Entity Name WEST FLORIDA CONCEPTS, INC. 05-08-2000 90037 041 ***158.75 Mailing Address Principal Place of Business 6001 6TH ST S 695 28TH ST S 4521 107TH CR N #2 ST PETERSBURG FL 33712 ST PETERSBURG FL 32727-0057 ШS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc 125 Applied For 4. FEI Number 59-3141412 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OWENS, NADINE 6001 -6TH ST. S. ST PETERSBURG FL 33705 City d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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, 2000 Fee will be \$550.00 П 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE OWENS, ROBERT R NAME NAME STREET ADDRESS 2132 LAKEWOOD CLUB DR. S. -#D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 Change Addition ☐ Delete TITLE TITLE Divens, Nadine OWENS, NADINE L NAME NAME STREET ADDRESS 2132 LAKEWOOD CLUB DR. S. -#D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33712 ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 352-589-