FILED

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

Apr 21, 2003 8:00 am Secretary of State V52562 DOCUMENT # 04-21-2003 90359 046 ***150.00 1. Entity Name CRT VENTURE OF FLORIDA, INC. Principal Place of Business Mailing Address 208 MILLSTONE DR 208 MILLSTONE DR PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3132274 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HADDAD, RANDOLPH C Street Address (P.O. Box Number is Not Acceptable) 208 MILLSTONE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003: Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition HADDAD RANDOLPH C NAME NAME 208 MILLSTONE DR STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD Delete TITLE ☐ Change ☐ Addition HADDAD, ROYCE NAME NAME STREET ADDRESS 18 LESLIE LANE STREET ADDRESS HARWICH PORT MA 02646 CITY-ST-7IB CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VANHORN, DARRELL NAME NAME 225 SPITZER BLDG STREET ADDRESS STREET ADDRESS **TOLEDO OH 43613** CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition TOPOLSKI, MARTIN NAME NAME 1954 ROSE ARBOR DR STREET ADDRESS STREET ADORESS TOLEDO OH 43604 CITY-ST-ZIP CITY-ST-ZIP TITLE CHRISTING C. HADDAD ☐ Delete ☐ Change ☐ Addition NAME NAME 208 MUSTONE DK. STREET ADDRESS STREET ADDRESS PARM HARBOR, PLOLUDA 34683 CITY-ST-ZIP CITY-ST-ZIP TADOGUL M, HADDAO TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 1206 SHELLY AUG STREET ADDRESS STREET ADDRESS MANMER, BHON 43639 CITY-ST-7IP CITY-ST-ZIP

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 his 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 empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

12. Thereby 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

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