2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2002 8:00 am Secretary of State **DOCUMENT #** 251819 1. Entity Name 02-13-2002 90236 025 ***150.00 KONDORS THRIFTWAY OF WINTER HAVEN, INC. Principal Place of Business Mailing Address 1308 MIRROR TERRACE NW 1308 MIRROR TERRACE NW WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0944321 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KONDOR, JAMES O Street Address (P.O. Box Number is Not Acceptable) 1308 MIRROR TERR NW WINTER HAVEN FL 33881 Zip Code City 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. DATE 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, 2002 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 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE KONDOR, JAMES O NAME NAME 1308 MIRROR TERR NW STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33881 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE STD NAME NAME KONDOR PHYLLIS E STREET ADDRESS STREET ADDRESS 1308 MIRROR TERR NW CITY-ST-ZIP WINTER HAVEN FL 33881 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KONDOR, PHYLLIS E. NAMÉ STREET ADDRESS STREET ADDRESS 1308 MIRROR TERR NW CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33881 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE 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 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.

FILED