

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F92000000803**

1. Entity Name

**ALDRIAN GUSZKOWSKI INC.****FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90120 050 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business                    | Mailing Address                                     |
| 12958 WEST BLUEMOND ROAD<br>ELM GROVE WI 53122 | 12958 WEST BLUEMOND ROAD<br>ELM GROVE WI 53122-2606 |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 3. Mailing Address      |
| 12958 W. Bluemound Road        | 12958 W. Bluemound Road |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.     |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |
| Zip          | Country      |



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent  | 7. Name and Address of New Registered Agent                                       |
| LEGAN, JOSEPH R<br>11382 PROSPERITY FARMS ROAD<br>SUITE 225<br>PALM BEACH GARDENS FL 33410 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

|   |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
|---|---|---|---------------------------------|------|----------------------|--|----------------|--------------------------|--|-------------|--------------------|--|---|-------|--|---|------|--|--|----------------|----------------------------|--|-------------|-------|--|
| 11. OFFICERS AND DIRECTORS  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| <table><tr><td>TITLE</td><td>VPT</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ALDRIAN, CHARLES F</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2570 N THAYER ROAD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BIRCHWOOD WI 54817</td><td></td></tr></table> | TITLE   | VPT   | <input type="checkbox"/> Delete | NAME | ALDRIAN, CHARLES F   |  | STREET ADDRESS | 2570 N THAYER ROAD       |  | CITY-ST-ZIP | BIRCHWOOD WI 54817 |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>                                | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |                            |  | CITY-ST-ZIP |       |  |
| TITLE   | VPT   | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  | ALDRIAN, CHARLES F                                    |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  | 2570 N THAYER ROAD                                    |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   | BIRCHWOOD WI 54817                                    |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| <table><tr><td>TITLE</td><td>PS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>GUSZKOWSKI, EUGENE R</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1035 LAUREL COURT</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WAUWATOSA WI 53213</td><td></td></tr></table> | TITLE   | PS  | <input type="checkbox"/> Delete | NAME | GUSZKOWSKI, EUGENE R |  | STREET ADDRESS | 1035 LAUREL COURT        |  | CITY-ST-ZIP | WAUWATOSA WI 53213 |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>                                | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |                            |  | CITY-ST-ZIP |       |  |
| TITLE   | PS  | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  | GUSZKOWSKI, EUGENE R                                  |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  | 1035 LAUREL COURT                                     |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   | WAUWATOSA WI 53213                                    |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| <table><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MIKECZ, MICHAEL</td><td></td></tr><tr><td>STREET ADDRESS</td><td>S44 W25420 RED OAK DRIVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WAUKESHA WI</td><td></td></tr></table>      | TITLE   | VP  | <input type="checkbox"/> Delete | NAME | MIKECZ, MICHAEL      |  | STREET ADDRESS | S44 W25420 RED OAK DRIVE |  | CITY-ST-ZIP | WAUKESHA WI        |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>S44 W25780 Underwood Court</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>53186</td><td></td></tr></table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS | S44 W25780 Underwood Court |  | CITY-ST-ZIP | 53186 |  |
| TITLE   | VP  | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  | MIKECZ, MICHAEL                                       |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  | S44 W25420 RED OAK DRIVE                              |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   | WAUKESHA WI   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  | S44 W25780 Underwood Court                            |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   | 53186   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| <table><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ALEXANDER, STEPHEN J</td><td></td></tr><tr><td>STREET ADDRESS</td><td>700 BLUFF ROAD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>EAGLE WI</td><td></td></tr></table>              | TITLE   | VP  | <input type="checkbox"/> Delete | NAME | ALEXANDER, STEPHEN J |  | STREET ADDRESS | 700 BLUFF ROAD           |  | CITY-ST-ZIP | EAGLE WI           |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>W3990 Bluff Road</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>53119</td><td></td></tr></table>           | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS | W3990 Bluff Road           |  | CITY-ST-ZIP | 53119 |  |
| TITLE   | VP  | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  | ALEXANDER, STEPHEN J                                  |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  | 700 BLUFF ROAD  |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   | EAGLE WI  |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  | W3990 Bluff Road                                      |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   | 53119   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                      |  | STREET ADDRESS |                          |  | CITY-ST-ZIP |                    |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>                                | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |                            |  | CITY-ST-ZIP |       |  |
| TITLE   |   | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>  | TITLE   |   | <input type="checkbox"/> Delete | NAME |                      |  | STREET ADDRESS |                          |  | CITY-ST-ZIP |                    |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>                                | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |                            |  | CITY-ST-ZIP |       |  |
| TITLE   |   | <input type="checkbox"/> Delete                                   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| CITY-ST-ZIP   |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| NAME  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| STREET ADDRESS  |   |   |                                 |      |                      |  |                |                          |  |             |                    |  |   |       |  |   |      |  |  |                |                            |  |             |       |  |
| 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 another like empowered.

**SIGNATURE:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Eugene R. Guszkowski

17 January 2000 (262) 789-6060

Date

Daytime Phone #