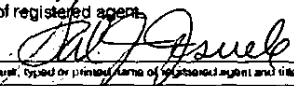


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90066 008 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L98000000094			
1. Entity Name POLITON USA, L.C.			
Principal Place of Business 202 SW 32ND TERRACE CAPE CORAL, FL 33914		Mailing Address 202 SW 32ND TERRACE CAPE CORAL, FL 33914	
2. Principal Place of Business 9789 Mar Largo Circle Suite, Apt. #, etc.		3. Mailing Address 9789 Mar Largo Circle Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33919	Country USA	Zip 33919	Country USA
4. FEI Number 65-0823506		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JESUELE, SAL J 5727 ROSE GARDEN ROAD CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Jesuele, Sal J. Street Address (P.O. Box Number is Not Acceptable) 9873 Las Playas Ct. City Fort Myers FL Zip Code 33919	
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 or printed name of registered agent and title if applicable.		(NOTE: Registered Agent Signature required when changing) 5/1/03 DATE	
FILE NOW WITH FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	☐ Delete	TITLE ☒ Change ☐ Addition	
NAME LEKAN, ZDENKO		NAME 9789 Mar Largo Circle	
STREET ADDRESS 202 SW 32ND TERRACE		STREET ADDRESS Fort Myers, FL 33919	
CITY-ST-ZIP CAPE CORAL, FL 33914			
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: Z. Lejan (ZDENKO LEKAN)		239- 05/01/03 910-6678	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083 (10/02)