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.

10102772

Principal Place of Business
~~202 SW 32ND TERRACE~~
~~CAPE CORAL, FL 33914~~

Mailing Address
~~202 SW 32 ND TERRACE~~
~~CAPE CORAL, FL 33914~~

2. Principal Place of Business
9789 Mar Largo Circle
Suite, Apt. #, etc.
City & State
Fort Myers, FL
Zip 33919 Country USA

3. Mailing Address
9789 Mar Largo Circle
Suite, Apt. #, etc.
City & State
Fort Myers, FL
Zip 33919 Country USA

☒ CHECK HERE IF MAKING CHANGES

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] 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEKAN, ZDENKO 202 SW 32ND TERRACE CAPE CORAL, FL 33914 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9789 Mar Largo Circle Fort Myers, FL 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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. [signature] (ZDENKO LEKAN) 05/01/03 239-910-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #