2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jan 25, 2002 8:00 am Secretary of State P00000085197 DOCUMENT # 1. Entity Name 01-25-2002 90015 028 ***150.00 GREGORIEFF, INC. Principal Place of Business Mailing Address 408 161ST AVE 408 161ST AVE REDINGTON BEACH FL 33708 REDINGTON BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3681908 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGORIEFF, CHYREL Street Address (P.O. Box Number is Not Acceptable) 408 161ST AVE **REDINGTON BEACH FL 33708** City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GREGORIEFF, KONSTANTINE NAME 408 161ST AVE STREET ADDRESS STREET ADDRESS **REDINGTON BEACH FL 33708** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME GREGORIEFF, CHYREL NAME STREET ADDRESS 408 161ST AVE STREET ADDRESS **REDINGTON BEACH FL 33708** 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-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete Change Addition 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 required fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED