FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 21, 2001 8:00 am DOCUMENT # P93000053399 **Secretary of State** 03-21-2001 90042 023 ***150.00 AJOSA INTERNATIONAL, INC -Principal Place of Business Mailing Address 3258 HYDL PARK DR. 3258 HYDE PARKDR. CIEARWATER, FI. 33761 CLEARWATER, FL 33761 A0035377 2. Principal Place of Business 3. Mailing Address <u>4117 QUIXOTE BLVD.</u> Quixote Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For TAMPA 45-6217101 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLDENSTAM, JACKIE Number in Not Acceptable) 3258 HYDE PARK DR. CLEARWATER, FI. 33761 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, 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, 2001 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 Addition TITLE ☐ Delete Oldenstam, Marc NAME NAME 4117 QUIXOTE BLVD . APTB STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, F1. 33613 D. P.TS ☐ Delete TITLE Change ☐ Addition OLDENSTAM, JACKIE STREET ADDRESS STREET ADDRESS 4117 QUIXOTE BLYD. APT 8 CITY-ST-ZIP CITY-ST-7IP TAMPA, Fl. 33613 ☐ Delete TITLE ☐ Change ☐ Addition OLDENSTAM, SOL BRITT NAME NAME 4117 QUIXOTE BIVD. APT 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, F1. 33613 TITLE ☐ Change ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition 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-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (813) 403 4505

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.