2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State
08-17-2000 90100 024 ***550.00

DOCUMENT # P99000000946

1. Entity Name

SOMAT CORPORATION

Principal Place of Business	Mailing Address
1860 MASSACHUSETTS AVE. NE. SUITE 113 ST. PETERSBURG FL 33703	1860 MASSACHUSETTS AVE. NE. SUITE 113 ST. PETERSBURG FL 33703-4340

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 9950 11th. St. N #108	Suite, Apt. #, etc. 9950 11th. St, N#108
City & State St. Pete, FL	City & State St. Pete; FL
Zip 33716 Country	Zip 33716 Country

4. FEI Number 59-3550488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIDOCHEV, PETER
1860 MASSACHUSETTS AVE. NE, SUITE 113
ST. PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name Pidochev, Peter
Street Address (P.O. Box Number is Not Acceptable)
9950 11th St. N #108
City St. Petersburg **FL** Zip Code 33716

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 Peter Pidochev - President 07-28-00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete PIDOCHEV, PETER 1860 MASSACHUSETTS AVE. NE, SUITE 113 ST. PETERSBURG FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 all other like empowered.

SIGNATURE: Peter Pidochev 07-28-00 7275763110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #