2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 19, 2000 8:00 am Secretary of State DOCUMENT # P97000039053 1. Entity Name OPALKA SERVICES INC. 02-19-2000 90017 021 ***150.00 Principal Place of Business Mailing Address 19321 US HWY 19 NORTH 8800 49TH STREET NORTH STE C 601 **SUITE 406-3** PARTACLA CLEARWATER FL 33764-3169 PINELLAS PARK FL 33782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3442081 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAWRON, MARY Street Address (P.O. Box Number is Not Acceptable) 19321 US HWY 19 N STE C 601 CLEARWATER FL 33764 Zip Code 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. (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 -After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete 404 RHODES LN TITLE NAME NAME OPALKA, BRONISLAW GRIFFIN GA. 30224 STREET ADDRESS STREET ADDRESS 200 OLYMPIA DR APT N7 CITY-ST-ZIP CITY-ST-ZIP **WARNER ROBINS GA 31093** ☐ Addition TITLE Change ☐ Delete 404 RHODES LN TITLE OPALKA, ERNEST MAME NAME GEIFFIN GA. 30224 STREET ADDRESS STREET ADDRESS 200 OLYMPIA DR., APT N 7 CITY-ST-7/P CITY-ST-ZIP WARNER ROBINS GA 31093 Change Change ☐ Addition ☐ Delete TITLE 404 RHODES LN TITLE NAME OPALKA, EWARYST NAME GRIFFIN GA.SO224 STREET ADDRESS STREET ADDRESS 200 OLYMPIA DR., APT. N7 CITY-ST-ZIP CITY-ST-ZIP WARNER ROBINS GA 31093 ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP _CITY_ST_ZIP_ ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

□ Change

☐ Addition