2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000054269** Apr 05, 2000 8:00 am Secretary of State SEKEIKIS INVESTMENTS, INC. 04-05-2000 90081 032 ***150.00 Mailing Address Principal Place of Business 16119 COUNTRY CROSSING DRIVE 16119 COUNTRY CROSSING DRIVE TAMPA FL 33624-1002 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3291575 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEREIKIS, RONALD A Street Address (P.O. Box Number is Not Acceptable) 16119 COUNTRY CROSSING DRIVE **TAMPA FL 33624** Zip Code City 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. DATE (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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE. Delete TITLE SEREIKIS, RONALD A NAME NAME STREET ADDRESS 16119 COUNTRY CROSSING DR. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33624 Change ☐ Addition ☐ Delete TITI F TITLE SEREIK'S MARTIN NAME SEREIKIS, MARTIN A NAME 13907 WOLEOTT STREET ADDRESS STREET ADDRESS 9729 ORION-AVE. CITY-ST-ZIP TAMPA FL 33624 CITY-ST-7IP SEPULVEDA CA 91343 [] Change Addition Delete TITLE SERCIKIS MARIA SEREIKIS, MARIA NAME --13907 Was cott STREET ADDRESS 9729 ORION AVE. STREET ADDRESS fl 33624 CITY-ST-ZIP CITY-ST-ZIP SEPULVEDA CA 91343 Change Addition Delete TITLE TITLE SEREIKIS, LORI L NAME NAME STREET ADDRESS 16119 COUNTRY CROSSING STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL [] Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERE. KS

813-961-1092