FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # P01000092641 1. Entity Name 05-27-2002 90369 007 ***150.00 AZOV INCORPORATED Principal Place of Business Mailing Address 1001 BEN FRANKLIN DR #100 1001 BEN FRANKLIN DR #100 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 4519 Cherry Bark Court 4519 Cherry Bark Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Sarasota, Florida Sarasota, Florida 65-1150494 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34241 U.S.A. 34241 U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALPERINA, MARGARITA Street Address (P.O. Box Number is Not Acceptable) 1001 BEN FRANKLIN DR #100 4519 Cherry Bark Court : SARASOTA FL 34236 City Sarasota 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. <u>wargarita</u> 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 Tax filing requirement and elects to do so. \$5.00 May Be 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 12. TITLE ☐ Delete TITLE ☐ Addition ★X Change NAME MIKERIN, ALEXEI NAME STREET ADDRESS 4519 Cherry Bark Court 1001 BEN FRANKLIN DR #100 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Sarasota, Florida TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP