DOCUMENT

1. Entity Name

recribe fur cold storage & CLEANING, INC. PASHION FURS, INC.

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90701 045 ***150.00

Principal Place of Business 411 - 19TH STREET SOUTH		Mailing Address 411 - 197H-STREET-SOUTH			TINOLNOD				
P.O. BOX 11507-		P .O. BOX 11507							
ST. PETERSBI	JRG FL 3379 9 12	ST. PETERSBURG FL 33768							
2. Principal Place of Business 3. Mailing Address 11-19th St. 50.			hod -that	+++5		17 (660) OHIBI QUIL QQID OTAH I		1011 416 11 1461	
Suite, Apt		Suite, Apt. #, etc. Apt. 1115			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State			4. FEI Number 59-0837200			pplied For	
51.16	etersburg, FL	<u>Clearwater</u> ,	FL Country			-0637200		ot Applicable	
33712	2 ÜSA	33767	USA		5. Certificate of Stat	tus Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									
DOM TIO TOUR				Name					
PSALTIS, JOHN 411 19TH ST S			Street A	Street Address (P.O. Box Number is Not Acceptable)					
ST PETERSBURG FL 33712									
						Fl	Zip Cod	le	
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. I am familiar with, and accept									
the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election C	Campaign Financing	\$5.0	00 May Be	
	k Payable to Florida Department of :	State			Trust Fun-	d Contribution.		d to Fees	
10.	, OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHAN	GES TO OFFICERS AN	DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE				Change	☐ Addition	
NAME CERTE ADDRESS	PSALTIS, JOHN		NAME	}					
STREET ADDRESS CITY-ST-ZIP	411 19TH ST SOUTH ST PETERSBURG FL		STREET ADDRESS CITY-ST-ZIP						
TITLE	0	Delete	TITLE	 			☐ Change	Addition	
NAME	PSALTIS, HELEN	5.00 S	NAME	ł			_ ,		
STREET ADDRESS	411 19TH ST SOUTH		STREET ADDRESS]				}	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	 					
TITLE NAME	D IDEALTIC BILL	☐ Delete	TITLE NAME	ł			☐ Change	☐ Addition	
STREET ADDRESS	PSALTIS, BILL 411 19TH ST SOUTH		STREET ADDRESS	1					
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	İ				ľ	
TITLE	D	☐ Delete	TITLE	D	A (1) = =	0.000	Change	Addition	
NAME	PSALTIS, MIA G.		NAME	IMIA	G. PSALI	5-CONNOLL	1		
STREET ADDRESS CITY-ST-ZIP	411-19TH STREET, SOUTH ST. PETERSBURG FL		STREET ADDRESS CITY-ST-ZIP	1411-11 151-11	9th Street	5-CONNOLL' South g, FL 3371	0		
TITLE	SI. PETERODONG FE	Delete	TITLE	UT. P	etu seur	g, FL 3311	☐ Change	Addition	
NAME	}	L.3 DOIGIS	NAME	ł			— ontange	nation	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	 		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	1			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1				(
			-	<u> </u>					

12. 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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR