**2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 30, 2001 8:00 am Secretary of State DOCUMENT # 568736 RKW. ING. 04-30-2001 90387 012 \*\*\*158.75 Principal Place of Business Mailing Address UUU43448 2. Principal Place of Business 3. Mailing Address 1170 SW 212 LANE 2540 PLAYER AUG. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BOCA RATON FL Zio Country SIERRA VISTA 59-200287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 85650 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD K. WINTERS Street Address (P.O. Box Number is Not Acceptable) 170 SW ZISTLANE BOCA RATON, FL 334BG Zip Code FI 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 RICHARD K. WINTERS
Signature, typed or printed name of registered agent and title 1 applicable ( FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12 CR2E034 (11/00) ☐ Change TITLE PRESIDENT ☐ Delete T(T) F RICHARD KIWINTERS 1170 SUD ZIST LANG BOCA RATON FL 334B6 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP ☐ Addition Delete TITLE Change THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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. 4/15/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR