2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672550 May 01, 2000 8:00 am Secretary of State ZASADA PRINTING, INC. 05-01-2000 90483 040 ***150.00 Mailing Address Principal Place of Business 202 WAVERLY DR 1255 BELLE AVE. **SUITE 124** SHITE 124 FERN PARK FL 32730-2627 WINTER SPRINGS FL 32708 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2004633 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nāme ZASADA, ROBERT R I. Street Address (P.O. Box Number is Not Acceptable) 1255 BELLE AVE. SUITE 124 WINTER SPRINGS FL 32708 Zip Code 8. The above named entity submits this stetement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4.22.2000 ad 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ■ Addition X Delete TITLE TITLE ZASADA, NANCY R NAME NAME 202 WAVERLY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERN PARK, FL 00000 CITY-ST-ZIP PRES, - SEC Change Addition TITLE ☐ Delete TITI F ZASADA, ROBERT R I. NAME NAME STREET ADDRESS 202 WAVERLY DR STREET ADDRESS CITY-ST-ZIP FERN PARK, FL 00000 CITY-ST-ZIP TREAS. - U. PILES. ☐ Addition Delete TITLE TITLE ZASADA, ROBERT R II NAME NAME STREET ADDRESS 202 WAVERLY DRIVE STREET ADDRESS CITY-ST-ZIP FERN PARK FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change Addition TITLE TITLE Delete NAME 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 regeiver 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

SIGNATURE: MALLE TO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #