2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

Apr 09, 2003 8:00 am Secretary of State F05537 DOCUMENT # 1. Entity Name 04-09-2003 90115 031 ***150.00 KIRILL SUZUKI, INC. Principal Place of Business Mailing Address 1285 CASSAT AVE 1285 CASSAT AVE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2056864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 2. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Chancey, Kenneth L. KIRILL, PETER JR. Street Address (PO. Box Number is Not Acceptable) 1806 Lake Edge Dr. 3827 ORTEGA LAVD. JACKSONVILLE FL 32210 City ₹¤ 668 Middleburg, 8. The above named entity submits this statement for be 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 register Kenneth L. Chancey, President SIGNATURE d title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete CR2E034 (10/02) TITLE Change ☐ Addition TITLE President CHANCEY, KENNETH L NAME NAME Chancey, Kenneth L. 1801 LAKE EDGE DR. STREET ADDRESS STREET ADDRESS 1806 Lake Edge Dr. MIDDLEBURG FL 32068 CITY-ST-ZIP CITY-ST-7IP Middleburg, Fl. 32068 ST TITLE Delete TITLE ☐ Change ☐ Addition NAME CROZIER, GAIL NAME STREET ADDRESS 2016 N. 10TH ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32250 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change ☐ Addition TITLE TITLE 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

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12. I hereby 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 empty ered 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:

Frenneth L Chancey 4/01/03 ED NAME OF SIGNING OFFICER OR DIRECTOR