FOR F	ROFIT	CORPOR	RATIO	N
UNIFORM	BUSIK	ESS REF	ORT (	(UBR

SECRETARY OF STATE 10F2
DIVISION OF CORPORATIONS DOCUMENT # F66862 02 MAY 20 PM 4:01 THE LOADING ZONE, INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 6990 SEMINIOL 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, stc. DO NOT WRITE IN THIS SPACE 4. FEI Number 5 Oity & State City & State SEMINO Applied For 2268 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fec Required 7. Name and Address of Current Registered Agent DO NOT WRITE LOTKOW. Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE NGO 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, SIGNATURE (NOTC: registored Ag-a) signature required select remounting) This corporation is eligible to satisfy its intengible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to the so. After May 1, Fee la \$550.00 10. Election Dampaign Financing \$5.00 May 86 Amended UBR is \$61,25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS NAME PSTP EDDIE M. MLOTKOWSKI 6633M KNGOAVES. TITLE TRZE0348 (12/01) VALUE SIMPET ADDRESS STREET ADDRESS ST. PETEUSBURA, FL. 3370 DITY ST-ZIP CI'Y-ST-7P THITLE TITLE NAME NAM-600005598616---05/23/02--01004--023 STREET ADDRESS STREET ADDRESS DETY- ST. ZIE UTY-TT-ZIP \*\*\*\*323.75 TITLE TITLE MAN NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-7P City-St-ZF TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS City St. Zin City-St-zip HILE TIFLE MAME STAFET AUDREST STREET ADDRESS CITY ST-218 הו∠-17-2iד CiTY mu NAWE NAME STREET ADDRESS STHEET ADDRESS CITY-ST ZIP CHY-ST-71P

13. Thereby certify that the information supplied with this filling does not qualify for me exemption stated in Section 115.07(3)(i). Points Statutes, Herther dentify that the information indicated on this report or supplied enterties thus and accurate and that my signature shall have the same legal effect as if made under oath; that i am an officer or directly of the corporation or the accurate made under oath; that i am an officer or directly that the information of the corporation or the accurate the execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an







Boomerz 6990 Seminole Bivd., Seminole, FL 33772 727-391-7066
Extra Inning 1850 Central Ave., St. Petersburg, FL 33712 727-896-9872
Boulevard Grille 6990 Seminole Bivd., Seminole, FL 33772 727-391-9622
Fax 727-391-9622

February 21, 2002

Florida Department of Revenue Division of Corporations P. O. Box 6327 Tallahassee, FL. 32314

RE: Loading Zone Inc.-Document F66862 -Debit Memo 22454H

The circumstances I would like to address to you regarding this are as follows:

First I would like to say that I did not receive your notice regarding the check. At this time many thing transpired for me. First the person that enters accounting and handles mail, etc. had brain surgery and then problems following so she was out for some time and is just back part time for the time being. Then to add to my "woes" my father had a heart attack and since my father is legally blind and my mother is not able to drive,

I had to be there constantly for taking them to the doctors. (No complaint as they are my parents). Thus my time was not mine! And then to add to all of this we had trouble with the bank account because someone had forged checks in the account, which gave us, major problems and it has not been worked out as of this time. Then to top it off I had to have surgery and a couple days after the surgery something went wrong and I had a major infection and had to go back to bed.

Please help me inthis situation and let me send the necessary amount because if you check my back record I have always sent this in. Please help!

Loading Zone Inc.

Eddie Mlotkowski,

President

Approved P. B. wall