## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # F9700005450 SLARK VENTURES, INC. 05-04-2001 90059 045 \*\*\*158.75 Principal Place of Business Mailing Address 8145 N 86TH PLACE 8145 N 86TH PLACE SCOTTSDALE AZ 85258 SCOTTSDALE AZ 85258 04/6UB 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 86-0733869 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDOBA, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD., STE 3700 **TAMPA FL 33602** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCD ☐ Delete TITLE Change ☐ Addition NAME COIA, DAVID S NAME STREET ADDRESS 1123 OVERCASH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL TITLE ST ☐ Delete TITLE ☐ Change ■ Addition NAME ARCHER, SCOTT T NAME STREET ADDRESS STREET ADDRESS 8145 N 86TH PLACE CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition 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

FICER OR DIRECTOR

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 receiver or trustee empetioned 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, will all other like propowered.

4-27-01