2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2001 8:00 am Secretary of State

5-18-2001 91588 001 ***150.00 1. Entity Name Vilis Investments, Inc Principal Place of Business Mailing Address C/O Leonard A0070450 1485 N. Atlantic Ave #112, Cocoa Beach, FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-2876986 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent George Leonard, CPA Street Address (P.O. Box Number is Not Acceptable)
1485 N. Atlantic Avenue David Braun, Attorney 1485 N. Atlantic Avenue #112 Cocoa Beach, FL 32931 City Zip Code <u>Cocoa Beach, FL</u> 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 Signature, typed or printed na e of registered agent and title if applicable (NOTE: Registered 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. President TITI E TITLE Additi or NAME David Braun NAME STREET ADDRESS STREET ADDRESS 1485 N. Atlantic Ave #112 CITY - ST - ZIP CITY - ST - 71P Cocoa Beach, FL 32931 TITLE Treasurer TTLE Addition Change NAME NAME L. George Leonard, CPA STREET ADDRESS 1485 N. Alantic Ave #112 STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Cocoa Beach, FL Delete TITLE Change ____ Addition. NAME MAME 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 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

5/1/01

321-799-1691

Daytime Phone #