## 2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE

## May 29, 2001 8:00 am Secretary of State DOCUMENT # L05581 1. Entity Name 05-29-2001 90005 013 \*\*\*158.75 ANDREW M. MUSTAPICK ENTERPRISES, INC. Principal Place of Business Mailing Address 2239 14TH AVE. 2239 14TH AVE. 660588 VERO BEACH FL 32960 VERO BEACH FL 32960 U\$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0138255 Not App icable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUSTAPICK, ANDREW M. Street Address (P.O. Box Number is Not Acceptable) 1010 MORNINGSIDE DRIVE VERO BCH FL 32963 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida 4-12-0, SIGNATURE (NOT Registered Agent si :nature 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, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution П Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition Change RTLE **DPTS** ☐ Delete TITLE NAME MUSTAPICK, ANDREW M. NAME STREET ADDRESS 1010 MORNINGSIDE DIRVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREEL ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete FITLE TITLE NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition JITL**F** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and accurate and that i

NG OFFICER OF DIRECTOR

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