FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90066 008 ****50.00

10102772

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000094

1. Entity Name
POLITON USA, L.C.

Principal Place of Business
~~202 SW 32ND TERRACE~~
~~CAPE CORAL, FL 33914~~

Mailing Address
~~202 SW 32 ND TERRACE~~
~~CAPE CORAL, FL 33914~~

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9789 Mar Largo Circle
Suite, Apt. #, etc.
City & State: Fort Myers, FL
Zip: 33919 Country: USA

3. Mailing Address
9789 Mar Largo Circle
Suite, Apt. #, etc.
City & State: Fort Myers, FL
Zip: 33919 Country: USA

4. FEI Number: 65-0823506 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
JESUELE, SAL J
~~5727 ROSE GARDEN ROAD~~
~~CAPE CORAL, FL 33914~~

7. Name and Address of New Registered Agent
Name: Jesuele, Sal J.
Street Address (P.O. Box Number Is Not Acceptable): 9873 Las Playas Ct.
City: Fort Myers FL Zip Code: 33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LEKAN, ZDENKO	NAME	
STREET ADDRESS	202 SW 32ND TERRACE	STREET ADDRESS	9789 Mar Largo Circle
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	Fort Myers, FL 33919
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	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Z. [signature] (ZDENKO LEKAN) 05/01/03 239-910-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #