Mar 20, 2003 8:00 am & Secretary of State **FILED** 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** M51224 DOCUMENT # 1. Entity Name 03-20-2003 90123 009 ***150.00 KOLENE, INC. Principal Place of Business Mailing Address 415 S. FEDERAL HWY. 415 S. FEDERAL HWY. DANIA FL 33004 DANIA FL 33004 3. Mailing Address Principal Place of Business 9707 TURNBER CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-2832192 Not Applicable ÜŚA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADMIN CORP. 415 S FEDERAL HWY. DANIA FL 33004 8. The above named entity submits this statement for the p pose 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 FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1,2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Rayable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTS** TITLE ☐ Delete TITLE ■ Addition NAME KONIG, ARLENE NAME 415 S FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA FL CITY-ST-ZIP ☐ Delete TITLE TITLE ■ Addition KONIG, ARLENE NAME STREET ADDRESS 415 S FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP DANIA FL. CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change 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 NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 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 qustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

■ Addition

CR2E034 (10/02)