## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO200003067

## **FILED** Aug 01, 2003 8:00 am Secretary of State

07-17-2003 90038 025 \*\*\*\*61.25

| 1. Entity Nan<br>MISSION              | LIVING WATER, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,000001                             | V                                     |                                                    |                                                      |                                                                              |                               |  |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------|--|
| Principal Plac                        | al Place of Business Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | ;                                     |                                                    |                                                      |                                                                              |                               |  |
|                                       | 7 N LAYINA ST 148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | 187 N LAYINA ST<br>ORTH PORT FL 34286 |                                                    |                                                      | 44005717                                                                     |                               |  |
| 2. Principal f                        | Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. Mailing Addre                    | ess                                   |                                                    |                                                      |                                                                              |                               |  |
| Suite, Apt.                           | #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Suite, Apt.                         |                                       | pt. #, etc.                                        |                                                      | CHECK HERE IF MAKING CHANGES                                                 |                               |  |
| City & Stat                           | State City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                       |                                                    | 4. FE Number 6 14 11                                 | 914                                                                          | Applied For<br>Not Applicable |  |
| Zip                                   | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip                                 | Cou                                   | untry                                              |                                                      | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |                               |  |
|                                       | 6. Name and Address of Curre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt Registered Agent                 |                                       | Nome                                               | 7. Name and Add                                      | 7. Name and Address of New Registered Agent                                  |                               |  |
|                                       | K, FYODOR J<br>LAVINA ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                       | Street Address (P.O. Box Number is Not Acceptable) |                                                      |                                                                              |                               |  |
|                                       | PORT FL 34288                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                       |                                                    | <del></del>                                          |                                                                              |                               |  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | I                                     | City                                               |                                                      | FL 2                                                                         | ip Code                       |  |
| the obligation                        | ramed entity submits this statement tions of registered agent.  Signature, typed or printed name of registered age  FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nt and title il applicable.  9. Ele |                                       | d Agent signature req                              | utred when reinstating)  \$5.00 May Be Added to Fees | he State of Florida. I am familia  DATE  Make Check Pay Florida Departmen    | /able to                      |  |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | - B.44                                |                                                    |                                                      |                                                                              |                               |  |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | P PAYLYUK, FIODOR J 1487 N LAVINA ST NORTH PORT FL 34288                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | De CHARLES                          | NAM!<br>STRE                          | 1 .                                                | ADDITIONS/CHANGE                                     | S TO OFFICERS AND DIRECTO                                                    | hange                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V<br>PAVLYUK, VIKTOR<br>3743 S CHAMBERLAIN BLVD<br>NORTH PORT FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | De                                  | name<br>Strei                         | E PA<br>ET ADDRESS 37-<br>ST-ZIP NO                | VLUKE, GEORG                                         | 6 VIERE<br>ELLAIN & VD<br>34286                                              | hange                         |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>CHTCHAVLINSKI, IRINA P<br>1735 STIMMEL ST<br>NORTH PORT FL 34288                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>□</u> 0e                         | NAME<br>STREET                        | E<br>Et adoress<br>-st-zip                         |                                                      |                                                                              | hange Addition                |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | The second secon | De                                  | NAME<br>STREE                         | E Ge                                               | 140 Jonius Ave                                       | #18                                                                          | hange <b>X</b> Addition       |  |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ Del                               | NAME<br>Stree                         |                                                    |                                                      | <u></u> □ α                                                                  | nange Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □ Del                               | NAME<br>STREE<br>CITY-                | ET ADDRESS<br>ST-ZIP                               |                                                      | □α                                                                           |                               |  |
| 12. I hereby o                        | certify that the information supplied will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n this filing does not o            | ualify for the exen                   | nption stated in                                   | Section 119.07(3)(I), Flor                           | ida Statutes. I further certify tha                                          | I 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 if an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addressy with all other like empowered.

94)429-2297

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|------------------------------------------------|
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | 067                                                        | 000003                                       | # N0200                                        | y Name                                    | 1. Entity Nam                                  |
|                              | <b>岁)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                            | - <u>-</u>                                   | VATER, INC                                     | ion living w                              | MISSION                                        |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                     |                                                            |                                              |                                                | HA COMOD                                  | ALL THE PROPERTY OF                            |
|                              | 44005717                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       | Mailing Address<br>1467 N LAVINA ST<br>NORTH PORT FL 34286 |                                              | N LAVINA ST 1                                  |                                           | 1467 N LAVINA                                  |
|                              | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3. Mailing Address                                    |                                                            |                                              | rincipal Place of Business                     |                                           | 2. Principal F                                 |
| ;                            | CHECK HERE IF MAKING CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       | Suite, Apt. #, etc.                                        |                                              | Suite, Apt. #, etc.                            |                                           | Suite, Apt.                                    |
| pplied For<br>lot Applicable |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       | ity & State                                                | Ci                                           |                                                | & State                                   | City & Stat                                    |
|                              | 5. Certificate of Status Desired  \$8.75 Additional Representation   \$8.75 Additional   \$6.75 Additional   \$6 | Country                                               | <u> </u>                                                   | Zip                                          | Country                                        | <del></del>                               | Zip                                            |
|                              | 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       | ed Agent                                                   | Current Registere                            | e and Address of Curre                         | 6. Name                                   |                                                |
|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                  |                                                            |                                              | 1                                              | LYUK, FIODOR                              | DAVI VI IK                                     |
|                              | ss (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Str <u>eet Ad</u>                                     |                                                            |                                              |                                                | 7 N LAVINA ST                             |                                                |
|                              | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |                                                            |                                              |                                                | RTH PORT FL 34                            |                                                |
| de                           | FL Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City                                                  | * .                                                        |                                              |                                                |                                           |                                                |
| and accept                   | stered agent, or both, in the State of Florida. I am familiar with, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | stered office or r                                    | pose of changing its reg                                   | ement for the purp                           |                                                | above named entit<br>obligations of regis |                                                |
|                              | uired when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | stered Agent signature                                | plicable. (NOTE: Re                                        | ered agent and title if app                  | ed or printed name of registered ag            |                                           | SIGNATURE .                                    |
|                              | \$5.00 May Be Added to Fees  Make Check Payable to Florida Department of Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       | 9. Election Campa<br>Trust Fund Confi                      | 25                                           | W: FEE IS \$61.25                              | FILE NOW                                  |                                                |
| V 10                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11.                                                   |                                                            | AND DIRECTORS                                | OFFICERS AND                                   |                                           | 10.                                            |
| ☐ Addition                   | ☐ Change [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | ☐ Delete                                                   |                                              | K, FIODOR J<br>LAVINA ST<br>PORT FL 34286      | DRESS 1467 N L                            | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |
| ☐ Addition                   | VLUKE GEORGE VICTOR 143 S CHAMBERLAIN BLVD 18TH POFT, FL 34286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | □ Delete                                                   | VD                                           | (, VIKTOR<br>CHAMBERLAIN BLVD<br>PORT FL 34286 |                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| ☐ Addition                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP                 | ☐ Delete                                                   |                                              | VLINSKI, IRINA P<br>MMEL ST<br>PORT FL 34286   | CHTCHAV<br>DRESS 1735 STIM                | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP       |
|                              | ☐ Change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITLE<br>NAME                                         | ☐ Delete                                                   |                                              |                                                |                                           | TITLE<br>NAME                                  |
| Addition                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS                                        |                                                            |                                              |                                                |                                           |                                                |
| Addition                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CITY-ST-ZIP                                           | ł                                                          |                                              |                                                |                                           | STREET ADDRESS<br>CITY-ST-ZIP                  |
| Addition  Addition           | ☐ Change [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | ☐ Delete                                                   | <u>.                                    </u> |                                                | IDRESS                                    |                                                |
|                              | ☐ Change [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME      |                                                            |                                              | VLINSKI, IRINA P                               | ST<br>CHTCHAV<br>1735 STIM                | TITLE NAME STREET AODRESS CITY-ST-ZIP          |

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: \_

SELLY UNAUBEOUREGEORGE VICTOR PAYLUKE 07-28-03 (94)/429-229