2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK SIGNATURE: 🚄

Mar 16, 2001 8:00 am Secretary of State DOCUMENT # N9700001190 1. Entity Name MIGHTY WARRIORS, INC. 03-16-2001 90005 031 ****61.25 Mailing Address Principal Place of Business P.O. BOX 15363 11007 JASMINE CIRCLE **BRADENTON FL 34280 BRADENTON FL 34209** 00025720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0764330 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required ~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) YOHANNAN, FREDERICK A 11007 JASMINE CIRCLE **BRADENTON FL 34209** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition PTTR Change ☐ Delete TITLE YOHANNAN, FREDERICK A NAME NAME STREET ADDRESS 11007 JASMINE CIRCLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34209 Addition** ☐ Change X Delete TITLE TR TITLE lincent Cannatello PAVKOVICH, EMIL S NAME Barracuda Dr STREET ADDRESS STREET ADDRESS 1532 7006 41ST AVE E CITY-ST-ZIP --CITY-ST-ZIP == Bradenton **BRADENTON FL 34208** Change ☐ Addition ☐ Delete TITLE TITLE YOHANNAN, FREDERICK H NAME NAME STREET ADDRESS STREET ADDRESS 11007 JASMINE CIR CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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

FILED