2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000000479 Aug 31, 2000 8:00 am Secretary of State RICHARD D. SIENKIEWICZ, INC. 08-31-2000 90004 035 ***150.00 Principal Place of Business Mailing Address 638 FIRWOOD COURT 638 FIRWOOD COURT ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 ՍՍՍՕՀԵԵԵ 2. Principal Place of Business 3. Mailing Address 638 FIRWOOD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4.¢FEI Number Applied For City & State City & State Spri<u>ngs</u> 65-097<u>8078</u> Not Applicable 9LTAMONTO Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32714 Fee Required Sermiole 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIENKIEWICZ, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 638 FIRWOOD COURT **ALTAMONTE SPRINGS FL 32714** Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 🗸 11. FITLE PRESIDENT Detete TITLE RICHARD D. SIENKIEWICZ NAME NAME STREET ADDRESS 638 FIRWOOD CT. STREET ADDRESS 32714 CITY-ST-7IP ALTAMONTE SPRINGS CITY-ST-ZIP ☐ Addition VICE PERSIDENT ✓ Change TITLE Delete TITI F LINDA A. SIENKIEWICZ NAME NAME 638 FIRWCOO CT. STREET ADDRESS STREET ADDRESS ALTHOONTE SPEINGS, FL. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

8-1-2000

407 789-4214

☐ Change

☐ Addition

CR2E034 (5/00)

When I received this form in the mail, I noticed that it mentioned second notice. I called the number on the back of the form & mentioned that I did not receive a first notice. The gentleman with whom I spoke told me that the original notice indicated that a fee of \$150.00 was to accompany that form. He also told me that since I did not receive the original form, I should send a check for the \$150.00 & enclose a note stating that I did not receive the original notice.

Sincerely,

Richard D Sienkiewicz