## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT #P00000375/5  Ivan Turczak, Inc.  DO NOT WRITE IN THIS SPACE					Secretary of State 05-01-2002 91564 009 ***150.00		
2. Principal Place of Business  5289 NE 54th Place  Suite, Apt. #, etc.  3. Mailing Address  5289 NE 54  Suite, Apt. #, etc.			4th Place		DO NOT WRITE IN THIS SPACE		
City & Sta	h Springo FL	City & State High Spring	Country		FEI Number 59 - 36 48/01	\$9.75 Additional	
29	643 USA	32643	usA		Certificate of Status Desired	Fee Required	
			Name	7. Na	rme and Address of Current R	egistered Agent	
1	T T	Name Ivan Turczak					
	DO NOT WF		Street Add	iress (P.O. B	ox Number is Not Acceptable)		
•	IN THIS SPA	ACE		9=1=10.			
			City (-	tig h	Springs	FL Zip Gode 4 3	
8. The above	e named entity submits this statement for th	e purpose of changing its re	egistered office or re	gistered age	ent, or both, in the State of Florid	da.	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (MOTE, c					
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Amended			Hegistered Agent signature n	required when rei	nstating)	DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - Ma After May 1 Amended	y 1 Fee is \$150.00 y 1 Fee is \$550.00 , Fee is \$550.00 UBR is \$61.25	0	nstating)  10. Election Campaign Finar Trust Fund Contribution.	DATE  Scing \$5.00 May Be Added to Fees	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)  OFFICERS AND DIF	January 1 - Ma After May 1 Amended Make Check Payable	y 1 Fee is \$150.0 , Fee is \$550.00 UBR is \$61.25	0	10. Election Campaign Finar	acing\$5.00 May Be	
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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 on an attachment with an address, with all priner like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

357-336-4945

Daytime Phone #