FILED

2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P00000045193 1. Entity Name BIKA HEAVY EQUIPMENT, INC. 02-07-2002 90071 045 ***150.00 Principal Place of Business Mailing Address 1155 ARDY CIRCLE PO BOX 301 PALM BAY FL 32905 APOPKA FL 32704 Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3646275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIKA, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 302 MORNING CREEK CIRCLE APOPKA FL 32712 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 _ ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change Addition MAME BIKA, JEFFREY L NAME bean beam Court STREET ADDRESS 302 MORNING CREEK CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME BIKA, JEFFREY L NAME STREET ADDRESS 302 MORNING CREEK CIRCLE STREET ADDRESS CITY-ST-7/P APOPKA FL 32712 CITY-ST-ZIP TITLE ☐ Delete TITLE . Change ☐ Addition NAME BIKA, JEFFREY L NAME STREET ADDRESS 302 MORNING CREEK CIRCLE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP 34744 ☐ Delete TITLE BIKA, JEFFREY L NAME STREET ADDRESS 302 MORNING CREEK CIRCLE STREET ADDRESS CITY-ST-ZIF APOPKA FL 32712 CITY-ST-7IP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if