FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 06, 2001 8:00 am Secretary of State DOCUMENT # P00000048532 1. Entity Name 06-06-2001 90009 028 ***150.00 PITTCLEANING SERVICE, INC. Principal Place of Business Mailing Address ADDITION 2. Principal Place of Business 3. Mailing Address 19321-C US HWY 19N 1105 S.W. 4th ST Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 601 Applied For City & State 4. FEI Number City & State 59-3650225 Not Applicable CLEARWATER FL**OKEECHOBEE** Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required US 33764 US 34974 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAREL KUNIK Street Address (P.O. Box Number is Not Acceptable) 1717 APALACHEE PKWY TALLAHASSEE FL32301 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) § gnature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20(1) Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payab e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete P 1111 NAME KAREL KUNIK STREET ADDRESS STREET ADDRESS 1105 S W 4th ST CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change Addition ☐ Delete TITLE NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate and that not 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 expect 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.

SIGNATURE:

AME OF SIGNING OFFICER C ? DIRECTOR

Hay 29/01

AHACHMENA OHPONONUM853= AUN2773

May 30th, 2001

UNIFORM BUSINESS REPORT **DIVISION OF CORPORATIONS** P.O. BOX 6327 TALLAHASSEE FL 32314

> RE: Pitt Cleaning Services, Inc. File # P00000048532

Dear Madam, Sir,

Along with this letter we are sending the 2000 Uniform Business Report (UBR) for Pitt Cleaning Services, Inc.

We have not received the initial mailing of the UBR, therefore we are sending you this form with the check for the amount of \$150.00.

We ask that, you accept this form together with the check and respectfully request, that you wave any penalties.

Your cooperation in this matter will be gratefully appreciated.

Sincerely,

Karel Kunik

Karel Kunik
President

President

President