2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State P00000064518 DOCUMENT # 1. Entity Name 05-20-2002 90108 009 ***150.00 **ESKA AMERICA CORPORATION** Principal Place of Business Mailing Address 101 RIVERFRONT BLVD 101 RIVERFRONT BLVD **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1022065 Not Applicable Country - -\$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 Name DRAKE, J. KEVIN O Box Number is Not Acceptable 1432 FIRST STREET SARASOTA FL 34236 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 ame 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 ¹11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) DVP ☐ Addition ☐ Delete TITLE ☐ Change TITLE GRUNDEI, HANS NAME NAME **4721 WHITE TAIL LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BUSCH, JOCHEM NAME STREET ADDRESS 4721 WHITE TAIL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME DAUE, THOMAS P NAME STREET ADDRESS **4721 WHITE TAIL LANE** STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MONKUS, THOMAS P NAME NAME 220 MAVON ST NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 trusted employered 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 adoless, with all other like empowered.

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