2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Aug 22, 2003 8:00 am Secretary of State		
DOCUN 1. Entity Name E Z DROF		000755	(2)			08-22-2003 90108 007 °		
Principal Place of Business 3458 WINDY HILL PLACE JACKSONVILLE FL 32246 Mailing Address 3458 WINDY HILL PLACE JACKSONVILLE FL 32246								
2. Principal Pla	ce of Business	3. Mailing Ad	3. Mailing Address			1 (D#1105) 111 03(1) 601)(30)(1 80(1) 631)(68)(1 68)	#AJ AJI DI BIHID HANG AHU IADI	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			_	CHECK HERE IF MAKING CHANGES		
City & State		City & State			4.	FEI Number 59-3663216	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5.		8.75 Additional	
	6. Name and Address of Currer	t Registered Age	nt		7.	Name and Address of New Registered A	gent	
SLEAP, TODD 3458 WINDY HILL PLACE JACKSONVILLE FL 32246					Street Address (P.O. Box Number is Not Acceptable)			
	amed entity submits this statement ns of registered agent.	for the purpose of.	changing its regis	City lered office or regis	stered ag	FL ent, or both, in the State of Florida. I am fa	Zip Code miliar with, and accept	
SIGNATUREs	ignature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Regis	tered Agent signature requ	ired when r	einstating) DATE		
After I	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		D DIRECTORS	1	1.	AC	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
NAME STREET ADDRESS	P SLEAP, TODD 3458 WINDY HILL PLACE JACKSONVILLE FL 32246		, N	itle Iame Street address Lity-St-Zip			☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, M	ITLE IAME ITREET ADDRESS ITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete T	ITLE IAME TREET ADDRESS HTY-ST-ZIP			☐ Change ☐ Addition	
TITLE			Delete I	ITLE			Change Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

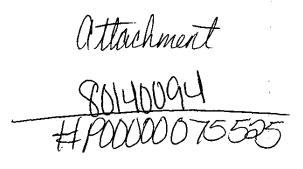
Daytime Phone #

☐ Change

Change

☐ Addition

☐ Addition



August 20, 2002

Florida Department of State Divisions of Corporations Tallahassee, Florida 32303

To Whom It May Concern:

Pursuant to our telephone conversation, enclosed please find a copy of the annual report previously sent along with a copy of our Corporation Annual Report. As we discussed we had not received our Corporation report (as you can see it was sent to several places before I received it). I am enclosing my check for \$150.00 to the Florida Department of State. I want to thank you for abating the penalty. If you need further information please do not hesitate to contact me.

Todd E. Sleap
EZ Drop -N Products