FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **EOCUMENT # P00000111056** 1. Entity Name 5-17-2001 91316 020 ***150.00 L.G. KULOCK INC. Principal Place of Business Mailing Address 902 68TH AVE DR WEST 802 68TH AVE DR WEST **BRADENTON FL 34207 BRADENTON FL 34207** C0066781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 651067852 Not Applicable Zip Country Country Zip \$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 WHITLOCK, GREGORY C Street Address (P.O. Box Number is Not Acceptable) 2005 B 46TH AVE DR W **BRADENTON FL 34207** Zip Code City 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 Signature, typed or printed 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT ☐ Delete STEVENS A KUZNICELI NAME 802 GTTH ARE DR W STREET ADDRESS STREET ADDRESS BRADGNTON FC CITY-ST-ZIP CITY-ST-ZIP GREGORY C UHITLOCK VILT PRES/SEC TITLE ☐ Detete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS 2005 YETH AVE OR W CITY-\$T-ZIP CITY-ST-ZIP BRADENTON EC 34207 ☐ Detete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dēlētē Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

941-127-8797

Daytime Phone #