2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am P00000116154 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90094 006 ***150.00 KOBRA ENTERPRISES INC. Principal Place of Business Mailing Address 8400 49TH ST N STE 1209 8400 49TH ST N STE 1209 PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address 6453 109 TER. N. 6453 109 TER. N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3685685 PARK, FL pinellas Not Applicable \$8.75 Additional 5. Certificate of Status Desired PINELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOPIC, BRANKO Street Address (P.O. Box Number is Not Acceptable) 8400 49TH ST N STE 1209 PINELLAS PARK FL 33781 6453 109 TER. N. Zip Code 33782 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. KOPIC, Registered Agent d Accent signature required when reinstating) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 CR2E034 (9/01 ☐ Delete TITLE ☐ Addition TITLE KOPIC, BRANKO NAME NAME 6453 109 TER. N. STREET ADDRESS 8400 49TH ST N STE 1209 STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP PINEULAS PARK, FL 33782 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITHE 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-7(P 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