2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 12, 2001 8:00 am Secretary of State DOCUMENT # P0100000076 1. Entity Name BOHEMIA CORPORATION, INC. 05-12-2001 90049 027 ***150.00 Principal Place of Business Mailing Address 214 SAN VINCENTE STREET, 214 SAN VINCENTE STREET PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 2. Principal Place of Business 212 SAN VINCENTE ST. 212 SAN VINCENTE ST. DO NOT WRITE IN THIS SPACE 4. FEI Number 69-3697297 City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINKLER, PATRIK Street Address (P.O. Box Number is Not Acceptable) 214 SAN VINCENTE STREET PANAMA CITY BEACH FL 32413 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 04-27-2001 DATE ATRIK WINKLER (NOTE: Registered Agent 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 Tax filing requirement and elects to do so." ~ After MAY 1, 2001 Fee will be \$550.00 ---Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. D WINKLER, PATRIK Change Addition 21 SAN VINCENTE, ST. APT. A PANAMA CITY BEACH FL32413 DCHMELA, Eduard 212 SAN VINCENTE ST. APT. A. PANAMA CITY BEACH, FL32413 TITLE TITLE ☐ Delete NAME NAME WINKLER, PATRIK STREET ADDRESS STREET ADDRESS 214 SAN VINCENTE STREET CITY-ST-ZIP CITY-ST-7(P PANAMA CITY BEACH FL 32413 TITLE ☐ Delete TITLE NAME CHMELA, EDUARD NAME STREET ADDRESS STREET ADDRESS 214 SAN VINCENTE STREET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition 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 eport 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 trouble 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.

04-26-2001 (850)624-656