FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P01000002087 1. Entity Name 02-21-2002 90121 024 ***150.00 MEK, INC. Principal Place of Business Mailing Address 548 EDINBURGH DR 548 EDINBURGH DR FT MYERS FL 33919 FT MYERS FL 33919 2. Principal Place of Business hland Chase PL Fcit & Stafe Y 1 4 E Applied For Not Applicable Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORZEP, MICHAEL E 13356 Highland Chase Plan Ft. Myers, FL 33913 Street Address (P.O. Box Number is Not Acceptable) 548-EDINBURGH DR Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agents or both, in the State of Florida. Signature, typed or printed name of registered agent and Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE KORZEP, MICHAELE. 13356 Highland Chase Place 17. MYERS, FL 33913 Chang KORZEP, MICHAEL E NAME NAME 548 EDINBURGH DR STREET ADDRESS STREET ADDRESS FT MYERS FL 33919 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

13. Thereby 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

SIGNATURE:



2/6/07 Date

Daytime Phone #