2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90338 004 ***150.00

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DOCUMENT # P01000013278

1. Entity Name
5TH ELEMENT INCORPORATED

Principal Place of Business	Mailing Address
1018 N MILLS AVE ORLANDO FL 32803	1018 N MILLS AVE ORLANDO FL 32803

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1051 LEE RD.		1051 LEE RD.	
Suite, Apt. #, etc. 34 B		Suite, Apt. #, etc. 34 B	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32810	Country USA	Zip 32810	Country USA

4. FEI Number 59-3695279 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NIELSEN, BERITH 1018 N MILLS AVE ORLANDO FL 32803	Name BERITH NIELSEN Street Address (P.O. Box Number is Not Acceptable) 1051 LEE RD #34B City ORLANDO FL Zip Code 32810

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIELSEN, BERITH 1018 N MILLS AVE ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BERITH NIELSEN 1051 LEE RD. 34B ORLANDO, FLORIDA 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: [signature] BERITH NIELSEN 4·15·03 407 622 5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #