2003 FOR PROFIT CORPORATION

of the corporation or the changed, or on an att

SIGNATURE

FILED Mar 31, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P01000015806 DOCUMENT # 03-31-2003 90305 007 ***150.00 KEYSTONE/GUNN HIGHWAY DEVELOPMENT CORPORATION Mailing Address Principal Place of Business Francisco Co. 601 E. TWIGGS STREET 601 E. TWIGGS STREET SUITE 200 SUITE 200 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 38a1 Henderson Blud 38al Henderson Suite, Apt. #, etc Suite, Apt. #, etc. 🗶 CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 03-0465319 Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent REIBER, SAM I 601 E. TWIGGS STREET SUITE 200 **TAMPA FL 33602** ampa somits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 🗄 am familiar with, and accept the obligations of rea SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DIMITAL ARTZIBUSHEV CR2E034 (10/02) Addition Delete TITLE ☐ Change TITLE 1525 W. Hillsbirogh Ave MALHI, D S NAME NAME 1515 RICHLAND ROAD STREET ADDRESS Tampa, Fl. 33603 STREET ADDRESS CITY-ST-ZIP YUBA CITY CA 95993 CITY-ST-ZIP Change Addition TITLE ☐ Delete TIT! F Bedin BS 11630 Greenskeive Ave NAME BEDI. B S NAME 9823 BRIDGETON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tampa Fl 33626 CITY-ST-ZIP Tampa PL 33606 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ 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 12. I hereby certify that the information supplied wit does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. indicated on this report or supp