FILED
Jul 04, 2002 8:00 am
Secretary of State
04-02-2002 90080 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029188

1. Entity Name

ADDIS CONEPTS, INC.

DO NOT WRITE IN THIS SPACE

37741 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5425 SW 37th Street	3. Mailing Address: 5425 SW 37th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala Florida	City & State: Ocala
Zip: 34474 Country	Zip: FL County: 34474

4. FEI Number: 03-0434185 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ANTENEH ADDISU

Street Address (P.O. Box Number is Not Acceptable): 5425 SW 37th Street

City: Ocala FL Zip Code: 34474

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.

SIGNATURE: [signature] ANTENEH ADDISU, President 3/25/02

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See details on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & CEO
NAME	ANTENEH ADDISU
STREET ADDRESS	5425 SW 37th Street
CITY-ST-ZIP	Ocala FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/25/02 352 861 4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #