B Galler

SIGNATURE:

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

941/358-0705

DOCL	IMENT #POV	05-27-2002 90397 024 ***150.00					
1. Entity Name							
STEVEN KEPECZ, P.A.							
			(Personal Personal Carlotta (1800)				
The state of the s	DO NOT WRITE	INTLICC	DAC		l.		
2. Principal Place of Business 330 John Ringling Blvd. 330 John Ringling Blvd.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Clty & Sta		City & State	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Applied For
Saraso Zip	ta, Florida Country	Sarasota, F	loric Country		59-3713485		Not Applicable
34228	USA	34228	USA		5. Certificate of Status Desired	- Fee	.75 Additional Required
				Name	7. Name and Address of Current	Registered Ac	ent
DO NOT WRITE Steven Kepecz Street Address (P.O. Box Number is Not Acceptable)							
IN THIS SPACE Street Address (P.U. Box Number is Not Acceptable) 330 John Ringling Blvd.							
7. 15 17 5 14 18 18							
43 C 3 7 C				^{City} Sarasota		FL	Zip Code 34228
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 5-1-02							
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE The transport of the control of the con							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Amended UBR is \$150.00					10. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees
11.	OFFICERS AND D	Make Gneck Payar IRECTORS	ole to Depa	Arms Section Section			Name (Company)
TITLE	PSTD		HILE	erlin far sharife I marris milion sarake			
NAME STREET ADDRESS	steven Kepecz			DORESS A			
CITY-ST-ZIP	1330 JOHN KINGTING RIVA			70°			
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NAME	<i>'</i>		NAME				
STREET ADDRESS CITY-ST-ZIP			STREET AL	(1) · · · · · · · · · · · · · · · · · · ·			
13. I hereby o	certify that the information supplied with the	ls filing does not qualify for	the exempt	ion stated in Secti	ion 119.07(3)(i). Florida Statutes, I fu	rther certify th	at 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 trusted employeered 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 officers with all officers.							