**FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Jun 03, 2002 8:00 am DOCUMENT # Secretary of State 1. Entity Name M ) ocks, Inc. 06-03-2002 91197 015 \*\*\*150.00 Principal Place of Business Mailing Address 7529 Carfield Street 7529 Courfield St. Hollywood, FL 33024 Holly wood, FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 45-1094244 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Oaklana Park Bhel Street Address (P.O. Box Number is Not Acceptable) nrisu, A. 33351 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE: ☐ Delete TITLE ☐ Addition NZ E Michael Peterson NAMÉ STILLET ADDRESS CITY-ST-ZIP STREET ADDRESS 7529 Garfield Street CITY-ST-ZIP Willywood, Fl. 23024 ☐ Delete TITLE ☐ Change ■ Addition Elizabeth Peterson NAME STREET ADDRESS 7529 Garfield Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hollywood, FC 33024 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if SIGNATURE: Daytime Phone #