2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am P01000055047 **DOCUMENT #** Secretary of State 1. Entity Name 05-16-2002 90028 045 ***150.00 WOODPECKERS OF USA INC. Mailing Address Principal Place of Business 6550 150TH AVENUE N #C105 6550 150TH AVENUE N #C105 CLEARWATER N. 33760 CLEARWATER FL 33760 2. Principal Place of Business Mailing Address SAME 150 TH AVE. N. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 3718791 City & State CLEARWATER Not Applicable \$8.75 Additional Country Zip 33760 Sountry LILAS 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRKOSKA FRANTISEK Street Address (P.O. Box Number is Not Acceptable) PASEK, MICHAEL O 4851 85TN AVENUE 6550 150TH AVE. N. PINELLAS MARK FL 33781 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 1/2 FRANTISEK KRKOSKA (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE 6550 150TH AVE. N, # D209 CLEARWATER, FL 33760 NAME KRKOSKA, FRANTISEK NAME STREET ADDRESS 6550 150TH AVENUE N #C105 209 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-ZIP ☐ Delete TITLE 6550 150TH AVE. N, # E 109 CLEARWATER, FL 33760 NAME GASZEK, DAVID NAME STREET ADDRESS 110 N LADY-MARY DRIVE #10 STREET ADDRESS CITY-ST-ZIP OLEARWATER FL 33755 CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

FRANTISEK KASKA

SIGNATURE:

FILED