2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2003 8:00 am Secretary of State P02000009808 DOCUMENT # 03-12-2003 90110 025 ***150.00 1. Entity Name CHARLES M. WRONA, INC. Principal Place of Business Mailing Address 11639 SHERBORNE CIRCLE SOUTH 11639 SHERBORNE CIRCLE SOUTH JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRONA, CHARLES M Street Address (P.O. Box Number is Not Acceptable) 11639 SHERBORNE CIRCLE SOUTH JACKSONVILLE FL 32225 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) Defete TITLE TITLE ☐ Change Addition WRONA, CHARLES M NAME MAME 11639 SHERBORNE CIRCLE SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-702 CITY-ST-ZIP mir TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CHY-SI-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with applications, with all other like empowered.

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CHARLES M WRONA INC CHARLES WRONA 11639 SHERBORNE CIR S JACKSONVILLE, FL 32225-3678

TIN	(Taxpayer	Identification	Nümber)
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94-3415373

About Your EFTPS Enrollment...

Dear Taxpayer:

We have received your enrollment information for EFTPS, the easiest way to pay your federal taxes. With EFTPS, you have the convenience and cost savings of paying your taxes using your phone or computer, 24 hours a day, 7 days a week.

Here is the status of your EFTPS enrollment:

Congratulations! You are now successfully enrolled in EFTPS. Under separate cover you will receive your PIN, and instructions on how to obtain an Internet Password. We hope you will enjoy using EFTPS.

If any changes are necessary for your enrollment in EFTPS, please make corrections or modifications on the right column of the enclosed Confirmation/Update Form. If you have any questions, please contact EFTPS Customer Service. See the enclosed Confirmation/Update Form for the telephone number.

With a completed enrollment, you can use EFTPS to pay your taxes by Internet, PC or phone. Once your enrollment is successful, if you choose to use EFTPS-PC Software, please go to www.eftps.gov to download. To receive the EFTPS PC Software by mail, call Customer Service. Begin using EFTPS right away. You'll be glad you did.

Very truly yours,

EFTPS Enrollment Processing

Enclosures: Confirmation/Update Form, PIB, starter brochure, password prochure