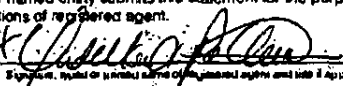


FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90245 025 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000066794			
1. Entity Name SUKY, INC.			
Principal Place of Business 1560 COLONIAL BLVD. #232 FT. MYERS, FL 33907		Mailing Address 1560 COLONIAL BLVD. #232 FT. MYERS, FL 33907	
2. Principal Place of Business 1661 Estero Blvd Suite, Apt. #, etc. FT. MYERS BEACH, FL City & State		3. Mailing Address 1661 Estero Blvd Suite, Apt. #, etc. FT. MYERS BEACH, FL City & State	
4. FEI Number 043691772		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PALTOO, YUDELKA A MS 1560 COLONIAL BLVD. #232 FT. MYERS, FL 33907		7. Name and Address of New Registered Agent Name PALTOO Yudelka A MS Street Address (P.O. Box Number is Not Acceptable) 6361 Aragon Way FT. MYERS #202 City FL Zip Code 33912	
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  DATE 4/23/03 (NOTE: Registered Agent Signature required when removing)			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE ☐ Delete NAME V PALTOO, MELISSA C STREET ADDRESS 1560 COLONIAL BLVD. CITY-ST-ZIP FT. MYERS, FL 33907		TITLE ☒ Change ☐ Addition NAME PALTOO, Melissa C STREET ADDRESS 6361 Aragon way CITY-ST-ZIP FT MYERS, FL 33912	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 an address, with all other like empowered.			
SIGNATURE:  DATE 4/23/03 239 463 6262		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	