2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114434

1. Entity Name
X-PERIENCE-ART WORK FOUNDATION, INC.

FILED Amended
03 SEP 19 PM 12: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1140 LEE BLVD. SUITE 101 LEHIGH-ACRES, FL 33936 US	PO BOX 1361 LEHIGH-ACRES, FL 33970 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number — [X] Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PFUNER, JOHANN 158 SCENIC STR. LEHIGH-ACRES, FL 33936	Name: Deetscreek, David D. Street Address (P.O. Box Number is Not Acceptable): 1708 Englewood Avenue City: Lehigh Acres FL Zip Code: 33972

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] David D. Deetscreek (Director) 9/17/03
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
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PFUNER, JOHANN 1458 SCENIC STR. LEHIGH-ACRES, FL 33936 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Deetscreek, David D 1708 Englewood Avenue Lehigh Acres, Fl. 33972 ☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. LOIDL, KATARINA 703 CANTERBURY CIR. LEHIGH-ACRES, FL 33936 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D 900023237249 09/22/03--01053--019 **70.00 [X] Change ☐ Addition
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CR2E034 (10/02)

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 an address, with all other like empowered.

SIGNATURE: [signature] David D. Deetscreek 9/17/03 239-368-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/19