04/22/2004 16:55 3058601900

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May 14, 2004 8:00 am
Secretary of State
04-26-2004 90470 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000114447

1. Entity Name
SURROUNDINGS INC

66421824

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12980 Tamiami Trl N Suite, Apt. #, etc.	3504 Westview Dr Suite, Apt. #, etc.
City & State: Naples Florida	City & State: Naples FL
Zip: 34110 Country:	Zip: 34104 Country:

4. FEI Number: 02-0650167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable):
1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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: _____

January 1 - May 1 Fee is $150.00
After May 1, Fee is $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

TITLE: PD NAME: Pytlik, Kim M STREET ADDRESS: 3504 Westview Dr CITY-ST-ZIP: Naples, FL 34104	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VSTD NAME: Pytlik, Peter J STREET ADDRESS: 3504 Westview Dr CITY-ST-ZIP: Naples FL 34104	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Welch, Sandri Jean STREET ADDRESS: 3504 Westview Dr CITY-ST-ZIP: Naples, FL 34104	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #