2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P92000005400** Apr 25, 2001 8:00 am Secretary of State 1. Entity Name BREKHOL, INC. 04-25-2001 90018 046 ***150.00 Principal Place of Business Mailing Address 1110 COMMISSIONERS RD. WEST 1110 COMMISSIONERS RD. WEST LONDON, ONTARIO CA N6K1C-6 LONDON, ONTARIO CA N6K1C-6 KD056205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip 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 Brian Sherwin - BLONSHINE, NANCY J---Street Address (P.O. Box Number is Not Acceptable) Fox, Sherwin & Company, -3806-48TH AVE S? -ST.PETERSBURG FL 33711 7901 - 4th Street North Ste. ^CSt. Petersburg ^zig 5702 8. The above named entity symmits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4,20.2001 SIGNATURE W. Brian Sherwin, CPA Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME BREKELMANS, GERARDUS NAME STREET ADDRESS 1110 COMMISSIONERS RD. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON ONT. CA NGK2C-6 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE: Gerardus J. Brekelmans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

mif 20-200

Date