2002 Uniform Business Report (UBR)

Mar 31, 2002 8:00 am § Secretary of State DOCUMENT # P92000005400 1. Entity Name 03-31-2002 90048 029 ***150.00 BREKHOL, INC. Principal Place of Business Mailing Address 1110 COMMISSIONERS RD. WEST 1110 COMMISSIONERS RD. WEST LONDON, ONTARIO CA N6K1C-6 -LONDON, ONTARIO CA N6K1C-6 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. · Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHERWIN, W B Street Address (P.O. Box Number is Not Acceptable) FOX SHERWIN & COMPANY PA 7901-4TH STREET NORTH STE 100 SAINT PETERSBURG FL 33702 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition TITLE ☐ Change TITLE ☐ Delete BREKELMANS, GERARDUS NAME 1110 COMMISSIONERS RD. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON ONT. CA NGK2C-6 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ⇒: * :E Change = ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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

SIGNATURE:

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

(9/01)