2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9400000958 Jan 27, 2000 8:00 am Secretary of State 1. Entity Name WASKO FRAMING INC. 01-27-2000 90138 025 ***150.00 Principal Place of Business Mailing Address 320 JUNG BLVD 320 JUNG BLVD NAPLES F 34120 NAPLES FL 34120-3333 US 2. Principal Place of Business 3. Mailing Address วับกล 360 Jung DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0452707 Zip 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 Nasko: Jeffrey WASKO, JEFFREY P.O. Box Number is Not Acceptable) Street Address (P 320 JUNG BLVD **GOLDEN GOTE FL 33964** City naples. 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be The Amend of Change Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Mala-Shadofarableto Reputationi 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition WASKO, JEFFREY NAME NAME 360 Jung Blud STREET ADDRESS STREET ADDRESS 320 JUNG BLVD CITY-\$T-ZIP CITY-ST-ZIP naples, FL 34120 NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE NAME **VORTHERMS, JOHN** NAME STREET ADDRESS 256 14TH AVE. NW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE

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

NAME

TITLE

NAMÉ

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition