2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # P94000087475 05-10-2001 90086 046 ***150.00 FOURBEEKAZE CORPORATION Principal Place of Business Mailing Address 2421 SE BAHIA WAY 2421 SE BAHIA WAY STUART FL 34996 STUART FL 34996 548355 2. Principal Place of Business 2220 S.W. Ath Ave DO NOT WRITE IN THIS SPACE Gity & State Applied For 4. FEI Number 65-0541926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent **Current Registered Agent** KROPSCHOT, BRUCE 2421 SE BAHIA WAY STUART FL 34996 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 Precident SIGNATURE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Delete TITLE Addition TITLE KROPSCHOT, BRUCE E NAME NAME STREET ADDRESS STREET ADDRESS 2421 SE BAHIA WAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Delete TITLE TITLE NAME KROPSCHOT, BARBARA NAME STREET ADDRESS STREET ADDRESS 2421 SE BAHIA WAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.