2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jan 19, 2000 8:00 am Secretary of State DOCUMENT # P95000070870 1. Entity Name CHETEK FINANCIAL SERVICES, INC. 01-19-2000 90096 027 ***150.00 Mailing Address Principal Place of Business 1901 W CYPRESS CREEK RD 1901 W CYPRESS CREEK RD 702124 STE #415 STE #415 FT. LAUDERDALE FL 33309-1857 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0616939 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEEHAN, ROSE M Street Address (P.O. Box Number is Not Acceptable) 1000 W MCNAB RD, #107 POMPANO BEACH FL 33069 Zip Code City Fl 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE CHETEK, STEPHEN A CHETEK, STEPHEN A NAME NAME 6544 NW 31ST TERRACE 1033 NW 121 WAY STREET ADDRESS STREET ADDRESS 33496 CITY-ST-ZIP **CORAL SPRINGS FL 33071** BOCA RATON CITY-ST-ZIP ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if making the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my receiver the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my receiver the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my receiver the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my receiver the corporation of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of t rtify that the information bat I am an officer or director eare Block 11 or Block 12 if

Stephen A. Chetek, Pres./Dir

FILED