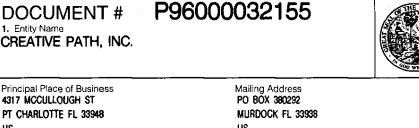
## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90291 022 \*\*\*150.00

DOCUMENT #





11019360 PT CHARLOTTE FL 33948 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0657625 Not Applicable Zip Country 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 KREJCI, LINDA Street Address (P.O. Box Number is Not Acceptable) 4317 MCCULLOUGH ST PT CHARLOTTE FL 33948 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE TITLE Addition □ Delete LINDA Krejci KREJCI, LINDA NAME NAME 4317 Mc Cullough St 4317 MCCULLOUGH ST STREET ADDRESS STREET ADDRESS PT CHARLOTTE FL 33948 Pt. Charlotte FL 33948 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change **Addition** mES Kreje NAME NAME 4317 Mc Cullough STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change TITLE ☐ Addition TITLE Delete----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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 4 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNI

☐ Delete

Date

☐ Change

Addition