2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jul 10, 2002 8:00 am Secrétary of State P96000076686 DOCUMENT # 1. Entity Name 07-10-2002 90192 042 ***150.00 ART SUSKEVICH, INC. Mailing Address Principal Place of Business 8891 STAGHORN WAY 8891 STAGHORN WAY FT. MYERS FL 33908 FT. MYERS FL 33908 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0699195 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUSKEVICH, ARTHUR E Street Address (P.O. Box Number is Not Acceptable) 8891 STAGHON WAY FT. MYERS FL 33908 Zip Code City 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. 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 CR2E034 (4/02 ☐ Change TITLE Delete TITLE SUSKEVICH, ARTHUR E NAME NAME 8891 STAGHORN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME SUSKEVICH, CURT E NAME 8891 STAGHORN WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME: SUSKEVICH, DAVID A-STREET ADDRESS 8891 STAGHORN WAY STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE 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 plastee empowered to execute it is 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.

OR DIRECTOR

FILED

Attachmen4 P96000076686 B0128207

July 5, 2002

Florida Department Of State Division Of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We are filing our 2002 Uniform Business Report late, as we did not receive the original mailing. Upon contacting your department we were advised that if we paid immediately, we could send the original request of \$ 150.00 to register our corporation.

Enclosed is our completed form and a check for the \$150.00. Thank you for your consideration and help.

Regards,

Arthur Suskevich

Sincerely,