FILED Mar 28, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

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

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## Secretary of State P96000089203 (9) DOCUMENT # 03-28-2002 90004 049 \*\*\*150.00 Samurai Enterprises Inc 421101 (Same) Mailing Address Principal Place of Business 6748 Ashly Court Sarasota, FL 34241-9695 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. II, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-3476150 Not Applicable Zip 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 Kyle Carrington 6748 Ashley Court Sarasota, FL 34241-9695 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 reinstalkig) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition HILE ☐ Delete THE Change Kyle Corrington NAME NAME 6748 ASMEY C+ STRILLET ADDRESS STREET AUDRESS Sarasota, FL 34241-9695 CILY-ST-ZIP CITY-ST-7IP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRUCT ADDRESS CITY-ST-ZIP-CLTY-ST-7/P Delete IIILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dclete Change TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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

K Carrington