ر روههٔ محمد اردوری ا 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000094566 FILED 1. Entity Name SECRETARY OF STATE ADVENTURE OFF-ROAD INC. INVISION OF CORPORATIONS 00 JUN -6 AM 9:33 Mailing Address Principal Place of Business 124 8TH STREET E. 13625 50TH WAY NORTH TIERRA VERDE FL 33715-2201 9269 CLEARWATER FL 33760 US 2. Principal Place of Business 3. Mailing Address 608 1st Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3407938 Not Applicable Tierra \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 337/5-2201 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NETSCHI, VICTOR Street Address (P.O. Box Number is Not Acceptable) 124 8TH STREET E. TIERRA VERDE FL 33715 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 M. Hack President 2-7-60 Keinhard FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter 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. Vice President Addition TITLE me Delete Victor Netschi 12484 Street East Tierra Verde F1. 33715 NAME NAME NETSCHI, VICTOR STREET ADDRESS STREET ADDRESS 124 8TH STREET EAST CITY-ST-ZIP CITY-ST-7IP TIERRA VERDE FL President 👿 Delete TITLE Reinhand M. Hack 608 1st. Av. s. NAME NETSCHI, LEE NAME STREET ADDRESS STREET ADDRESS 124 8TH STREET EAST erra Verde, FL. 33713 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL Secretary/Treasurer Gloria Hack Delete TITLE TITLE NAME NETSCHI, BECKY NAME 124 8TH STREET EAST STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL ŤMÉ TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Dalete TITLE Ims NAME 600003297696 NAME STREET ADDRESS STREET ADDRESS -0**6**/22**/**00--01001--024 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 explowered 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 any address, with all other like explowered. SIGNATURE: