2003 FOR PROFIT CORPORATION

FILED Mar 11, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000102823 **DOCUMENT #** 1. Entity Name 03-11-2003 90129 029 ***150.00 JOE ZEJAVAC, INC. Principal Place of Business Mailing Address 1111 MONTEZUMA DRIVE 1111 MONTEZUMA DRIVE **BRADENTON FL 34209 BRADENTON FL 34209** US US 2. Principal Place of Business 3. Mailing Address 6503 34TH AVE W 7316 MANATEE AVE W Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES STE 175 City & State City & State 4. FEI Number Appliéd For 65-0722442 BRADENTON BRADENTO. Not Applicable **\$8.75** Additional 5. Certificate of Status Desired USA 34209 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZEJAVAC, JOE Street Address (P.O. Box Number is Not Acceptable) 1111 MONTEZUMA DRIVE **BRANDON FL 34209** City BRADENTON 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 ragistered agent. LEJAVAC SIGNATURE FEE IS'\$150.00 FILE NOW!!! 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 TITLE ☐ Delete TITLE Change Addition JOE ZEJAVAC NAME ZEJAVAC, JOE NAME STREET ADDRESS 6503 34TH AVE W 1111 MONTEZUMA DRIVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 34209** CITY-ST-ZIP BRADENTON FL TITLE. ☐ Delete TITLE ☐ Change Addition NAME NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

12. 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 trusted 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 another switch all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7(P

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

Change

Addition

☐ Addition

Daytime Phone #