2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P97000017425 KREMSER WRIGHT RD., INC. 02-08-2000 90057 005 ***150.00 Principal Place of Business Mailing Address 2307 S.E. MONTEREY ROAD 2807_S.E. MONTEREY ROAD. STUART FL 34996 STUART FL 34996-3331 2. Principal Place of Business 3. Mailing Address Commons Blud 853 SE Monterey Commons Blud 853 SE Monterey Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0729880 Not Applicable Ζiρ 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 Name SOPKO, JAMES Street Address (P.O. Box Number is Not Acceptable) -2307 S.E. MONTEREY ROAD 853 S.E. Morterey Commons Blad STUART FL 34996 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 reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Change Addition KREMSER, WAYNE R SR NAME 2307-S.E. MONTEREY ROAD 853 SE Monterey Commons STREET ADDRESS STREET ADDRESS STUART FL 34996 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition 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 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 changed, or on an attachment with an address, with all other like empowered,

Daytime Phone /