2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # P97000021700** 1. Entity Name KOSZULINSKI GROUP, INC. 04-25-2001 90167 019 ***150.00 Principal Place of Business Mailing Address 5213 SW 8TH-PLACE 1318 LAFAYETTE STREET CAPE CORAL FL-33914 CAPE CORAL FL 98904 140101 2. Principal Place of Business 3. Mailing Address 1326 Cape Coral PK. 1326 Cape Cora Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0733993 ape Not Applicable \$8.75 Additional 5. Certificate of Status Desired ee Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOSZULINSKI, GEORGE W Street Address (P.O. Box Number is Not Acceptable Parkwa 5213 SW 8TH PLACE CAPR CORAL FL 33914 Zip Code 64 mits 🚧 s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE ne 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITLE TITLE 1326 Cape Coral PK. Cape Coral FL 33904 KOSZULINSKI, GEORG W NAME NAME 5213 SW 8TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL-83914 CITY-ST-7IP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition | TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME 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-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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 paper is five 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

CR2E034 (10/00)