2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 797000033643 Apr 03, 2000 8:00 am Secretary of State PEACE OF MINID INSPECTIO SERVICES INC. 04-03-2000 90134 048 ***158.75 Principal Place of Business Mailing Address TZZS TAMIAMITE. 2420 Ambrose L FIRST B 13 PORT CHARLOHE FL. PORT CHARLOHE: FL. T=33452 R0050003 2. Principal Place of Business 3. Mailing Address 3278 CONWAY BLVD 3278 COULDAY BLUD Suite Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4." FEI Nümbei Applied For PORTCHARLOITE 07440 PORT Charlotte Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33952 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent "MARK R. BERGSTROM MARK BERUSTROM - 24-20 -AMBROSE-LIZ-Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOHE, FI 33952 Zip Code E. 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing **\$5.00** May Be Tax tiling 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 PRESIDE TOFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MARK & BERGSTROM | Delete TITI F PRESIDENT ☐ Addition 2420 AMBROSLIANE NAME MARK R. BERGSTROM .:::::: ANNRESS STREET ADDRESS 3278 CONWAY BLYD Port Charlotte Fl. 33952 ST-Z-P CITY-ST-ZIP PORT CHARLON Delete TITLE Change ☐ Addition NAME .::.:: 4009ESS STREET ADDRESS ST-Z-P CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME violecce STREET ADDRESS ST-719 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS ST-ZIE CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition "LL: ADDRESS STREET ADDRESS CITY-ST-ZIP 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 papter 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. 941.629-7018 -GNATURE:() SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #