2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am DOCUMENT # **P97000043348 Secretary of State** WYNNFIELD BUILDING CORPORATION 03-01-2001 90032 049 ***150.00 Principal Place of Business Mailing Address 903 EMMETT STREET 903 EMMETT STREET KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address 9428 W . Suite, Apt. #, etc. 9428 W. Cidovia Cokniol Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3454690 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARD SANIT SANT, EDWARD Street Address (P.O. Box Number is Not Acceptable) 903 EMMETT STREET KISSIMMEE FL 34741 W. Colonial atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE Addition SANT, EDWARD NAME 903 EMMETT ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34741 CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE _ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 employered 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 appears in the supplemental statutes.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JT 1/0/2

Daytimo Phone #