~2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P97000053043** 1. Entity Name STEVE NARDY INC. 4-25-2001 90377 015 ***150.00 Principal Place of Business Mailing Address 1001 N. U.S. HWY, 1 STE, 204 1001 N. U.S. HWY, 1 STE, 204 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 120 S. OLIVE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE SUITE 105 City & State City & State 4. FEI Number Applied For 65-0760715 WEST PALM BEACH WEST PALM Not Applicable \$8.75 Additional PAIM BEACH 5. Certificate of Status Desired PALM BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NARDY, STEVE Street Address (P.O. Box Number is Not Acceptable) 18733 S.E. LAKESIDE WAY **TEQUESTA FL 33469** City Zip Code 8. The above named entity submits mas statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. d agent and title if applicab signature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE Change NAME NAME nardy, steven p STREET ADDRESS STREET ADDRESS 18733 S.E. LAKESIDE WAY CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL 33469 ☐ Addition ☐ Delete Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 reserver 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 attachning with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JOVAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR