2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # POOCOOS Jun 02, 2000 8:00 am **Secretary of State** -KRASHCO, INC. Don. 06-02-2000 90010 042 \*\*\*150.00 Principal Place of Business Mailing Address ز 1508 Calhoun Ave. =1508 Calhoun Ave. Panama City, FL 32405 Panama City, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-0769640 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 CKRASNO, MARK & JANICE Street Address (P.O. Box Number is Not Acceptable) c1508 Calhoun Ave, Panama City, FL Zip Code 9. 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, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE W!!! FEE IS \$150.00 . Alter MAY 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. . 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check - yable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE TITLE ☐ Change ☐ Addition NAME CHILL ADDRESS STREET ADDRESS . T.: ST ZIP CITY-ST-ZIP HILE Delete Change Addition NAMI. GTHEET ADORESS STREET ADDRESS GITY ST ZIP CITY-ST-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS · ··· ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME incl: 4008ESS STREET ADDRESS CITY-ST-ZIP Delete: ☐ Change Addition LIBERT ANDRESS STREET ADDRESS CITY-ST-ZIP Delete THE Addition ☐ Change NAME Jają addaess STREET ADDRESS CITY-ST-7IP 3. 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 attackment with an address, with all other like empowered. MARK KRASNO: