

# 2001 UNIFORM BUSINESS REPORT (UBR)

*pg 1 of 2*

**FILED**  
**Dec 28, 2001 8:00 A.M.**  
**Secretary of State**

ST

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000029527			
1. Entity Name <b>SLOBODA ENTERPRISES INC</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <b>6610 CHESNUT CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>6610 CHESNUT CIR</b> Suite, Apt. #, etc.	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>	
Zip <b>34109</b>		Country	
4. FEI Number <b>59-3505285</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MARY GAWRON</b> <b>19321-C US HWY 19 N STE 601</b> <b>CLEARWATER FL 33764</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE <b>P</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>FRANTISEK SLOBODA</b> <b>6610 CHESNUT CIR</b> <b>NAPLES FL 34109</b>	
		<b>600004746836--2</b> <b>-01/02/02--01041--013</b> <b>****150.00 ****150.00</b>	
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 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.			
SIGNATURE: <i>Frantisek Sloboda</i>		12-18-2001	

CR2E034 (11/00)

December 17th, 2001

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE FL 32314

*RE: SLOBODA ENTERPRISES INC.*  
*File # P98000029527*

Dear Madam, Sir,

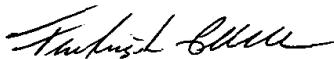
Along with this letter we are sending the 2001 Uniform Business Report (UBR)  
for *Sloboda Enterprises Inc.*

We have not received the initial mailing of the UBR, therefore we are sending you this  
form with the check for the amount of \$150.00.

Also as you can see our record indicates that we always paid it on time in the past.  
We ask that, you accept this form together with the check and respectfully request,  
that you wave any penalties.

Your cooperation in this matter will be gratefully appreciated.

Sincerely,



Frantisek Sloboda  
President

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