2000 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P98000034019** KJELLANDER ENTERPRISES CORPORATION 04-13-2000 90110 034 ***150.00 Principal Place of Business Mailing Address 1744 LAKE MYRTLE AVE P.O. BOX 97 FRUITLAND PARK FL 34731-0097 FRUITLAND FL 34731 C0060667 3. Mailing Address Shore 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2382340 barden, FL FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Heleva sellander KJELLANDER, HELENA U Street Address (P.O. Box Number is Not Acceptable) 1744 LAKE MYRTLE AVE FRUITLAND FL 34731 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE KJELLANDER, MICHAEL C NAME NAME 8 STREET ADDRESS STREET ADDRESS 1744 LAKE MYRTLE AVE Fruitland Palle, FL 3473/ CITY-ST-ZIP CITY-ST-ZIP FRUITLAND FL 34731 뜬 Delete NAME KJELLANDER, HELENA U NAME 13144 Shore Drive Winter Garden, FL 34787 STREET ADDRESS STREET ADDRESS 1744 LAKE MYRTLE AVE CITY-ST-ZIP CITY-ST-ZIP FRUITLAND FL 34731 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF NAME OF SIGNING OF

NAME STREET ADDRESS

CITY-ST-ZIP