2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000039753 May 08, 2000 8:00 am Secretary of State KOJAK & CO., INCORPORATED 05-08-2000 90117 027 ***150.00 Principal Place of Business Mailing Address 3240 SOUTHSHORE DRIVE 3240 SOUTHSHORE DRIVE PUNTA GORDA FL 33955 **PUNTA GORDA FL 33955-1928** Principal Place of Business Mailing Address 3240 SOUTH SHORE DRIVE DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0841244 Not Applicable \$8.75 Additional Certificate of Status Desired ISA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOJAK, JUDY M Street Address (P.O. Box Number is Not Acceptable) 3240 SOUTHSHORE DRIVE - Unix 44-A **PUNTA GORDA FL 33955** Zip Code FL 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 Signature, typed or printed name of 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ Addition Change TITLE ☐ Delete TITLE KOJAK, JUDY M NAME NAME 3240 SOUTHSHORE DRIVE サリー色 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33955** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE KOJAK, DANA A NAME NAME 413 W OLYMPIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Change ☐ Addition ☐ Delete TITLE TITLE KOJAK, JOHN E NAME NAME 3240 SOUTHSHORE DR 44% B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33955** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KOJAK, JUDY M NAME NAME 3240 SOUTHSHORE DR 44X B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33955 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

941)637-1003