## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000044783 May 30, 2000 8:00 am 1. Entity Name Secretary of State PTC International, Inc. 05-30-2000 90106 022 \*\*\*150.00 Mailing Address Principal Place of Business 1613 Main Street 1613 Main Street 34698 Dunedin, FL 34698 Dunedin, FL USA USA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3521246 Not Applicable Zip Country \$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 Name Miroslaw Magdziak Street Address (P.O. Box Number is Not Acceptable) 1613 Main Street Dunedin, FL Zip Code FL d entity-submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above Miroslaw Magdziak Director 5/8/00 SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE ☐ Change TITLE NAME Maqdziak Miroslaw NAME STREET ADDRESS STREET ADDRESS 1613 Main Street CITY-ST-ZIP CITY-ST-ZIP Dunedin, FL 34698 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 anachment with an address, with all other like empowered. Miroslaw Magdziak 5/8/00 (727) 736-9535 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #