2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # **P98000057756** 1. Entity Name CHACKOMATT CORPORATION 05-30-2000 90004 016 ***150.00 Principal Place of Business Mailing Address 13025 HWY 301 S 13025 HWY 301 S RIVERVIEW FL 33569 RIVERVIEW FL 33569 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI, Number Applied For 59-3518674 Not Applicable Zip Country 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 CHACKO, MATHEW T Street Address (P.O. Box Number is Not Acceptable) 3923 APPLE TREE DRIVE VALRICO FL 33594 Zip Code City 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. MATHEW . T. CHACKO Marthen . T-charto المَّامِينَ الْمُعَالِينَ Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. 12. TITLE ☐ Delete TITLE ☐ Addition CHACKO, MATHEW T NAME NAME STREET ADDRESS STREET ADDRESS 3923 APPLETREE DRIVE CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Addition ☐ Delete TITLE Change 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 Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

Muther Tichuko

MATHEW. T. CHACKO

813 684412

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FL. Dep. of state DIV. of Corporation.

From,

Mathew. T. chacko (PRESIDENT)

CHACKOMATH COMP

13025 Hwy 301 S.

Riverview. FL. 33569

notifical and left message at Tel 1850487505 on 4/26/2000. But I received my Aphication form only by 5/8/2000. I was also askies to write an explanation. about it. So I am enclosing this letter and application. with the payment. So please don't charge me any late faces

Thanking you!

Sincerty

Divervius 5/8/2000 Mathew .T. churko (Prosident) CHACKOMATT CORF 13025 Hury 301 S Riverview Fc. 3352