FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 22, 2002 8:00 am Secretary of State P98000073127 DOCUMENT # 1. Entity Name 07-22-2002 90158 025 ***150.00 ZANE SCHWENK, INC. Principal Place of Business Mailing Address 350 N. LAKE LULU DR. B0130626 350 N. LAKE LULU DR. WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3528415 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SCHWENK, ZANE 8202 WATERVIEW WAY WINTER HAVEN FL 33884 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. I am familiar with, and accept the obligations of egistered agent. SIGNATURE 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 \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change Addition SCHWENK, ZANE NAME NAME STREET ADDRESS 350 N. LAKE LULU DR. STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change

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 in the empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Addition

atlach ment

B0130006

Zane Schwenk Inc.

350 North Lake Lulu Drive Winter Haven, FL 33880 Phone: (863) 292-9325 Business/Fax: (863) 291-4915 Cell: (863) 585-5555 ZSCHW30807@AOL.COM 7800073127

July 16, 2002

25.00

Division Of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern,

I am writing it inform you that I <u>never</u> received the initial 2002 UBR paperwork, I did however receive the 2002 UBR paper work with the \$550 Fee request. I am requesting that my business UBR filling fee of \$150 should be used.

Please inform me if there are any problems with this request!

Sincerely,

Zane Schwenk President