FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 21, 2002 8:00 am DOCUMENT # **Secretary of State** P98000093248 1. Entity Name 01-21-2002 90018 042 \*\*\*150.00 regional, e el Certal e espe Principal Place of Business Mailing Address 7090 ASPEN GLEN 8632 EAST APACHE TRAIL RENO NV 89509 MESA AZ 85207 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 86-0932949 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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. ... DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing 3: \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees អូឡ(See criteria on back) . Make Check Payable to Department of State 11:30 VOLEN (NEW OFFICERS AND DIRECTORSO AND A APPLIE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME NIKOLAUS, BRAD CR2E034 ( STREET ADDRESS STREET ADDRESS 8632 E. MAIN CITY-ST-ZIP: CITY-ST-ZIP MESA AZ 85207 X Change TITLE ☐ Delete ☐ Addition TITLE McMillen, Gerald NAME NAME MEMILLEN, GERALD 7090 Aspen Glen STREET ADDRESS STREET ADDRESS -7090 ASPEN GLEN Reno, NV 89509 CITY-ST-ZIP CITY-ST-ZIP RENO NY 89509-TITLE Delete TITLE Change ☐ Addition NAME NAME 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 Change -TITLE TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete 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.

DBrad Nikolaus 1-4-02