APPROVED AND FILED :

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Jeschke, Inc.			
			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	<u> </u>	7
1648 Pine Place	SUL	ne	
Clearwater, FL 33755	2		
2. Principal Place of Business	3. Mailing Address		-
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State	i	4. FEI Number 65 0877253 Applied For Not Applicable
Zip Country	Zip	Country-	5. Certificate of Status Desired \$8.7.5 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
		, Name	
Hans Peter Jeschke 1648 Pine Place		Street Address	s (P.O. Box Number is Not Acceptable)
Clearwater, FL	33755		
		City	FL Zip Code
8. The above named entity submits this statemen	for the purpose of changing	its registered office or t	
SIGNATURE Signature, typed or printed name of regis	tered agent and title if applicable		- Teschke, President 1-4-01 Agent signature required when reinstating) DATE
orgitation, quot or printed in the orange			
This corporation is eligible to satisfy its Intangits     Tax filing requirement and elects to do so.     (See criteria on back)		FEE IS \$150.00  0 Fee will be \$560.0  s to Department of s	CONTROL TO A TUST TO THE CONTROL OF
n. OFFICERS AND I	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
lune Hone Poter Tes	chke <sup>_</sup>	NAME	Change [ ] Adoltion
TREET AUDRESS 1648 PINE 199	ce	STREET ADDRESS	
	33755	CITY - ST - ZIP	·
FILE	Delete	TITLE	Charige Addition
TREET ADDRESS	<b>-</b>	STREET ADDRESS	100003655601 - 100003655601
TJY - ST - ZIP		CITY - ST - ZIP	-U2/U7/0101028013
TILE IAME	Delete	TITLE NAME	Charles 1 3 Addition
TREET ADDRESS		STREET ADDRESS	÷
ITY - ST - ZIP		CITY - ST - ZIP	
TLE	Deleta	TITLE	Change Addition
AME TREET ADDRESS		NAME STREET ADDRESS	
ITY - ST - ZIP		CITY - ST - ZIP	M/M
TLE	Delete	TITLE	Change Addition
AME		NAME	
FREET ADDRESS		STREET ADDRESS	
		TITLE	Phange Addition
.,	Dololo		
ITLE.	Delete	NAME	
ITLE AME	Delete	NAME STREET ADDRESS	
ITLE AME TREEF ADDRESS	Delete	NAME	
information indicated on this report or supplem	th this filing does not qualify tental report is true and accur	NAME STREET ADDRESS CITY - ST - ZIP for the exemption stated rate and that my signatu execute this report as r	I in Section 119.07(3)(i), Florida Statutes. I further certify that the ure shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears

JESCHKE, Inc.

1648 Pine Place Clearwater, FL 33755

JESCHKE, Inc. 1648 Pine PL, Clw. FL 33755

Uniform Business Report Division of Corporations P.O. Box 1500

Tallahassee, FL 32302-1500

## 2000 Uniform Business Report

December 05, 2000

Dear Sirs;

When I looked recently through my files, I noticed that I neither got a 2000 Uniform Business Report nor did I file it.

To correct this situation, I am sending you attached the

- 2000 Uniform Business Report and
- a check, payable to the Department of State in the amount of \$ 158.75

Please send me the Uniform Business Report for 2001 on time.

Thank you very much.

Sincerely,

Hans Feter Jeschke President Jeschke, Inc.