2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

FILED May 07, 2001 8:00 am DOCUMENT # P98000098775 Secretary of State GALLERY OF KITCHENS, INC. 05-07-2001 90019 037 ***150.00 Principal Place of Business Mailing Address 4910 TAMIAMI TRAIL NORTH 4910 TAMIAMI TRAIL NORTH STE 210 STE 210 545512 NAPLES FL 34103 NAPLES PL 34103 2. Principal Place of Business 3. Mailing Address Mc Gregor Bun BLUE 13251 13251 MCG18608 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3547522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33919 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLFE ES SZEMPRUCH, DAVID J Street Address (P.O. Box Number is Not Acceptable) 4910 TAMIAMI TBAIL NORTH **STE 210** NAPLES FL 34103 234963 MAPLE S 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. 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, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Delete TITLE ZINSBERGER, JOSEF NAME NAME 3511 CROWPUT CT. 3881 WINDWARD PASSAGE CIR, UNIT-F-201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** SEC/ TRES Change □ Delete TITLE ☐ Addition A20S , NOOSB 20115 NAME NAME 3511 CROWAUT CT. STREET ADDRESS STREET ADDRESS BONITO SPRINGS FL 34134 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MASKUS == 5 INS BOOGUS NAME NAME-3511 CROWPUT CT. STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME 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 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

PRESIDENT

3-15-01 941-482-5552 Date Dayline Phone #