FILED May 12, 2003 8:00 am g Secretary of State

05-12-2003 90218 017 ***150.00

2003	FOR	PROFIT	CORPORAT	ΓΙΟΝ
UNIFO	RM B	USINESS	REPORT	(UBR)

P99000009922

Zip

DOCUMENT # 1. Entity Name GRISTOVSKI, INC.

Zip

SIGNATURE

DICKINSON, ROBERT A

460 S. INDIANA AVENUE ENGLEWOOD FL 34223

4.

5.

7.

Principal Place of Business Mailing Address 287 S. INDIANA AVENUE 287 S. INDIANA AVENUE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

6. Name and Address of Current Registered Agent

CHECK HERE IF MAKING CHANGES						
FEI Number 65-0891359	Applied For Not Applicable					
Certificate of Status Desired Sa.75 Additional Fee Required						
Name and Address of New Registered Agent						
Box Number is Not Acceptable)						

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 registered agent.

City

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

Street Address (P.O.

DATE

Zip Code

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Change ☐ Addition NAME RISTOVSKI, GEORGE NAME STREET ADDRESS **POST OFFICE BOX 1691** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34295-1691 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME 🚐 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with any otderess, with all other like empowered.

SIGNATURE:

Daytime Phone #

Attachment 90132849 #799000009922 5/6/03 20: Division of Corporations George RISTOVSKI - Crabby Georges Inc 65067070 Blue Lagron Ent Inc #65-1084913 @ Ristovski Inc # 65-0891359 BARROCK REGERENCE Enclosed you will And the Uniform Business Reports for the above companies. We realize ur are past you waive the late zee. We had a fire at our parent company. Crabby Georges, Inc. on the night of 4/30/03 and were unable to get the reports out on time. I e tire marshalls prepara Veritocation. Due to o We would r consideration in late feed. Than sincerell