2000 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2000 08:00 AM DOCUMENT # P99000022185 1. Entity Name **Secretary of State** 1205 CORPORATION Principal Place of Business Mailing Address 1205 9TH STREET WEST 1205 9TH STREET WEST BRADENTON FL BRADENTON FL 34205 34205 2. Principal Place of Business 3. Mailing Address P.O. BOX 1334 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BRADENTON FL 65-0902714 Not Applicable Zip Country Zip Country \$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 DE PESTEL DE PESTEL. RICK 415 42ND STREET CIRCLE WEST Street Address (P.O. Box Number is Not Acceptable) 415 42ND STREET COURT WEST PALMETTO 34221 City Zip Code PAĹMETTO 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. 04/20/2000 RICK DEPSTEL SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D ☐ Delete TITLE ☐ Change ☐ Addition BRONK ROBERT NAME STREET ADDRESS 1012 65TH AVE. DRIVE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON 34207 CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME DE PESTEL. RICK DE PESTEL RICK STREET ADDRESS 415 42ND STREET CIRCLE WEST STREET ACCRESS 415 42ND STREET COURT WEST CITY-ST-ZIF PALMETTO FI. 34221 CITY-ST-718 PALMETTO FL. 34221 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.

FILED