## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2001 08:00 AM P99000022185 DOCUMENT # 1. Entity Name **Secretary of State** 1205 CORPORATION Principal Place of Business Mailing Address 1205 9TH STREET WEST P.O. BOX 1334 BRADENTON FL BRADENTON FL34205 34206 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 65-0902714 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE PESTEL BRONK ROBERT 415 42ND STREET COURT WEST Street Address (P.O. Box Number is Not Acceptable) 1012 65TH AVE DR W PALMETTO FL34221 City Zip Code BRADENTON 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. 03/14/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME BRONK ROBERT NAME BRONK ROBERT ACEO 1012 65TH AVE, DRIVE WEST STREET ADDRESS STREET ADDRESS 1012 65TH AVE, DRIVE WEST CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP BRADENTON 34207 D X Delete TITLE ☐ Change NAME DE PESTEL RICK NAME STREET ADDRESS 415 42ND STREET COURT WEST STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Сhапде Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered. ROBERT BRONK SIGNATURE: \_ 03/14/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR