2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empoyered.

SIGNATURE:

FILED DOCUMENT # P9900035756 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name RICHARD E. PILNY, INC. 04-04-2000 90082 005 ***150.00 Principal Place of Business Mailing Address 245 S. FITZPATRICK AVE. 245 S. FITZPATRICK AVE. INVERNESS FL 34453 INVERNESS FL 34465-2259 2. Principal Place of Business 3. Mailing Address 550 MOCK OCULGE DR 5550 Meck URANGE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Numbe Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PILNY, RICHARD E-Street Address (P.O. Box Number is Not Acceptable) 5550 MCCK ORANGE D 245 S. FITZPATRICK AVE. INVERNESS FL 34453 Zip Code **3446** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 M Change Addition CR2E034 (9/99) Richard E. Pilny TITLE Delete TITLE PILNY, RICHARD E NAME MAKEE 5550 Mock Orange Dr STREET ADDRESS 245 S. FITZPATRICK AVE. STREET ADDRESS Beverly Hills, FL 34465 **INVERNESS FL 34453** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS - STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete 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-ZIF ☐ Change Addition TITLE Delete 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 eath; 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