2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # **P99000037060** May 30, 2000 8:00 am Secretary of State DAN'S HARDWOOD CONCEPTS, INC. 05-30-2000 90056 002 ***155.00 Principal Place of Business Mailing Address 79 BENJAMIN DR. 79 BENJAMIN DR. ORMOND BEACH FL 32176-7832 ORMOND BEACH FL 32176 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State *59* 357 9660 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOUBSK ANISSIMOU, ALEXEY . . Street Address (P.O." Box Number is Not Acceptable) 30 SAN RAFAEL CT. PALM COAST FL 32137 79 Benjamin DR City Ormond Beach 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TIT: F ☐ Delete GOUBSKI, DANIL A NAME NAME STREET ADDRESS STREET ADDRESS 79 BENJAMIN DR. CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32176 ☐ Addition Change Delete TITLE ANISSIMOU, ALEXEY NAME STREET ADDRESS STREET ADDRESS 30 SAN RAFAEL CT. CITY-ST-ZIP CITY-ST-7IP PALM COAST FL 32137 Addition TITLE TITLE Agent NAME NAME. ANATOLI BOUBSKI 79 benjamin Dr. Drawnd Beach /2 suite STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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

(904) 615 734