FILED Apr 26, 2000 8:00 am Secretary of State

2000 UNIFORM BUSINESS REPORT (UBR) . DOCUMENT # P99000037676 1. Entity Name SK CORPORATION OF SPRING HILL

MAME STREET ADDRESS CITY-ST-ZIP TITLE VP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					Į	04-26-2000	90156 003	***150.0	Ю
Suite Apt # etc. Suite Apt #	Principal Place of Business 12112 N. 56TH ST.\ 5 II SOUPL TAMPA FE SSETTIESS	Fariott NAVETA	Mailing Address 51. 112 N. SETH ST. IMPA PL 335171868	South In Keechol	rroff bee 1	1	ሮቤልነተ	0 7 4 8	
Suite, Apt. #, etc. Suite, Ap	OKeechobee, FL-34974-4344					UUU73544 And a			
City & State Country Country Country S. Certificate of Status Desired See Required For Require	2. Principal Place of Business		3. Mailing Address				! eg aal eelet kkal l	ELLE BUIL HED	i l ((() () ()
Zip Country Zip Country 5. Certificate of Salus Delired St.75 Additional Fee Required Agent 7. Name and Address of New Registered Agent 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 Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Characteristics of the purpose of the purpose of the purpose of characteristics of the purpose of	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SP	ACE	
Action Commission of Section Commission of S	City & State		City & State			FEI Number 59-3 9	70924	, ,	
RATEL SURESH 12/12 N. 55Th 97. TAMPA EL 33617-1658 SI South Parrott 19 ve OKEL Chabel Fliggy 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 SIGNATURE SIGNATURE Tax filling requirement and elocis to do so After MAY 1, 2000 Fee will be \$50.00 After MAY 1, 2000 Fee will be \$50.00 Make Check Payable to Department of State Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZP TOMMY STREET ADDRESS CITY-ST-ZP TOMMY STREET ADDRESS CITY-ST-ZP TOMMY Change Additio Additio STREET ADDRESS CITY-ST-ZP TOMMY TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZP TOMMY Change Additio Change Additio Additio Change Additio Additio Change Additio Change Additio Change Additio Change Additio STREET ADDRESS CITY-ST-ZP TOMMY TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZP TOMMY Change Additio Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change Change	Zip Country		Zip	Country	5.	Certificate of Status Desired			
B. 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.	6. Name and Address	of Current Regis	stered Agent		7.	Name and Address of New I	Registered Ag	ent	
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 Softative, types or printed manner or registered depends agent and stignature required when rematating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS OKECHABLE FL-3 4934 OUT-51-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-51-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE STREET ADDRESS CITY-51-2P Change Addition Addition TITLE STREET ADDRESS CITY-51-2P Change Addition Change Addition Addition TITLE STREET ADDRESS CITY-51-2P Change Addition Addition TITLE STREET ADDRESS CITY-51-2P Change Addition Change Addition Addition TITLE STREET ADDRESS CITY-51-2P Change Addition Change Chang	RATEL, SURESH 12/12 N. 56TH GT. TAMPA EL 33617-1658	SII Sou	VB. Patel the Parrott &	Street Add	ress (P.O.	Box Number is Not Acceptabl	e)		
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	OK	eech	obee Frig	City			FL	Zip Code	}
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State TITLE PA NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	8. The above named entity submits this SIGNATURE	statement for the	purpose of changing its r				orida. 4/16	400	
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□ 0117-01-21F	NAME		☐ Delete	NAME			Ţ.	☐ Change	Addition
TITLE NAME 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 accounted that my signature shall have the same legal effect as if made under oath; that I am an officer or of control of the contro	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP.				- ·	Addition

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #