2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039250

1. Entity Name

PASS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90170 010 ***150.00

Principal Place of Business	Mailing Address
5084 Trott Circle Unit #1 North Port, FL 34287	5084 Trott Circle Unit #1 North Port, FL 34287

2. Principal Place of Business	3. Mailing Address
	13608 Crystal River Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Orlando, FL
Zip / Country	Zip 32828 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0923336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Vitaly Lutsky
13608 Crystal River Dr.
Orlando, FL 32828

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME Vitaly Lutsky STREET ADDRESS 13608 Crystal River Dr. CITY-ST-ZIP Orlando, FL 32828	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE V NAME Pavel Korneychuk STREET ADDRESS 3159 Anador St. CITY-ST-ZIP North Port, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: Vitaly Lutsky 4-13-00 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date