2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 25, 2000 8:00 am Secretary of State DOCUMENT # P9900049252 J J J DOLE, INC. 08-25-2000 90013 001 ***150.00 08-25-2000 90013 002 *****5.00 Principal Place of Business Mailing Address 9897 GULF BLVD. 9897 GULF BLVD. TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 9897 - GULF Mailing Addre Bluch DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State Not Applicable REAGUR \$8.75 Additional_ 5. Certificate of Status Desired - -- -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered DOLEZAL, VERA Street 9897 GULF BLVD. TREASURE ISLAND FL 33706 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change **Addition** Delete TITLE TITLE BRONISLAVA SVARCOVA NAME NAME DOLEZAL, VERA STREET ADDRESS STREET ADDRESS 9897 GULF BLVD. 200 - GRAND BLVD TARPON CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 Change ☐ Addition TITLE TIT! F Delete DOLEZAL, JOSEF NAME NAME STREET ADDRESS STREET ADDRESS 9897 GULF BLVD. CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL 33706 Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Changé ☐ Addition TITLE ☐ 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-ZIP ☐ 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 dose 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:

Attachment pagooon 49953 Aug. 17/2000 19926 Please, Accept this letter, as a letter of appologie, for this late filing; document 799000049252 Explanation: I was NOT NOTIFY by Your OFFICE OR RICIEVE ANY FORM (DOCK MENT) THIS DOCUMENT # P99000049252 -UBR - WAS YOUR 1ST NOTICE, WHICH I RICWED. BECAUSE OF MY NEW CORP. (1ST YEAR),
I DID NOT HAVE ANY EXPERIENCE IN THE PAST! AFTER PHONE CONVERSATION WITH YOUR ABENT, I INCLUDET MY PAYMENT OF \$ 15000 Chollars, with my LETTER OF EXPLANATION.

P.S. INCLUDE \$5 check(askir)

FOR ELECTION CAMP. Fluore.

One care he