

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000056293**1. Entity Name
EKLEKTOS, INC.**Principal Place of Business**

32205 SOUTHWEST 199TH COURT

HOMESTEAD
33030

FL

Mailing Address

32205 SOUTHWEST 199TH COURT

HOMESTEAD
33030

FL

2. Principal Place of Business

3554 PACETTI ROAD

3. Mailing Address

3554 PACETTI ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. AUGUSTINE

FL

City & State
ST. AUGUSTINE

FL

Zip
32092

Country

Zip
32092

Country

4. FEI Number**65-0930721**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUECORAL GABLES
33134

US

FL

7. Name and Address of New Registered Agent

Name

WOLFE NANCY JSTD

Street Address (P.O. Box Number is Not Acceptable)
3554 PACETTI ROADCity
ST. AUGUSTINE

FL

Zip Code
32092

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 **NANCY J. WOLFE****04/30/2001**

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, 2001 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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WOLFE NANCY
32205 SOUTHWEST 199TH COURT
HOMESTEAD FL 33030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WOLFE RONNA
32205 SOUTHWEST 199TH COURT
HOMESTEAD FL 33030 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WOLFE NANCY
3554 PACETTI ROAD
ST. AUGUSTINE FL 32092 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WOLFE RONNA
3554 PACETTI ROAD
ST. AUGUSTINE FL 32092 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Nancy J. Wolfe

STD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)