FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2000 8:00 an DOCUMENT # P99000059192 **Secretary of State** 1. Entity Name 02-07-2000 90042 021 ***150.00 PIVON-CON INC. Principal Place of Business Mailing Address **766 TERRA PLACE 766 TERRA PLACE** C0017680 MAITLAND FL 32751 MAITLAND FL 32751-4583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied F 4. FEI Number Not △··· Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIVONKA, ALBERT D Street Address (P.O. Box Number is Not Acceptable) **766 TERRA PLACE** MAITLAND FL 32751 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11, TITLE ☐ Delete TITLE ☐ Change NAME NAME PIVONKA, ELEANOR R STREET ADDRESS STREET ADDRESS **766 TERRA PLACE** CITY-ST-7IP CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete Change TITLE D TITLE NAME NAME PIVONKA, ALBERT D STREET ADDRESS STREET ADDRESS **766 TERRA PLACE** CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 \Box ' TITLE ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change THE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 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 Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this report as if the indicated on the indicated

Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

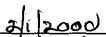
NAME

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:





☐ Change