2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 26, 2002 8:00 am Secretary of State P99000079916 DOCUMENT # 1. Entity Name 03-26-2002 90088 039 ***150 00 UKKO NORTH AMERICA, INC. Principal Place of Business Mailing Address 1442 DURLING DR., S. P. O. BOX 67101 S. PASADENA FL 33707 ST. PETE BCH FL 33736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3588964 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6: Name and Address of Current Registered Agent: 7.= Name and Address of New Registered Agent YEILDING, HOWARD G Street Address (P.O. Box Number is Not Acceptable) _1442 DURLING DR., S. __ S. PASADENA FL 33707 City Zip Code FL 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 and title if applicable (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 Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete PEARSON, MESIDENT Change TITLE Addition CR2E034 (9/01) YEILDING, HOWARD NAME NAME 7129 20th ave N. 1442 DURLING DR. S. STREET ADDRESS STREET ADDRESS MN 55 039 SAINT PETERSBURG FL 33707 CITY-ST-ZIP CENTERVILLE. CITY-ST-ZIP TITLE STAFF ☐ Delete TITLE Change ☐ Addition HOWARD YEILDING NAME NAME 1442 DURLING DES STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP St. PETERSBURG 33707 ☐ Delete Addition TITLE ☐ Change NAME NAME NAOL STREET ADDRESS STREET ADDRESS 7129 ZOTA ave N. CITY-ST-7IP CITY-ST-ZIP 55038 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SJ-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 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.

FILED