2001 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # \$28028** Entity Name PAVELCHAK MASONRY, INC. 04-27-2001 90391 016 ***150.00 Principal Place of Business Mailing Address 417 PRAIRIE LAKE DR 417 PRAIRIE LAKE DR FERN PARK FL 32730 FERN PARK FL 32730 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 For 4. FEI Number 59-3057018 Not Applicable 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 PAVELCHAK, DAVID K 417 PRAIRIE LAKE DR. FERN PARK FL 32730 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PAVELCHAK, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 417 PRAIRIE LAKE DR. CITY-ST-7IP CITY-ST-7IP FERN PARK FL 32703 TITLE □ Delete TITLE ☐ Change Addition NAME PAVELCHAK, DAVID K. NAME STREET ADDRESS 417 PRAIRIE LAKE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERN PARK FL ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME PAVELCHAK, DOROTHY' ~~~~ NAME: STREET ADDRESS 417 PRAIRIE LAKE DR. STREET ADDRESS CITY: ST-ZIP FERN PARK FL 32730 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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.

SIGNATURE: Day 1 Pavelly Day 1 Pavelly 4/19/01/401) 339-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR