FILED 2003 FOR PROFIT CORPORATION Feb 07, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State S61067 **DOCUMENT #** 1. Entity Name 02-07-2003 90049 048 ***150.00 ATK INVESTMENTS, INC. Principal Place of Business Mailing Address 7861 GAUSEWAY BLVD. S. 7861 CAUSEWAY BLVD: S. 22004952 ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 BOX 469 ST. PETERS BY BY 17 33731 Mailing Address BOX 4 uite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 1124 City & State 4. FEI Number Applied For 59-3074452 EKSBURG Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ろろフゅせ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOWALCHUK, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7861 CAUSEWAY BLVD. S. ST. PETERSBURG FL 33707 City Zip Códe 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition KOWALCHUK, RICHARD NAME NAME BUIF BIND STREET ADDRESS 7861 CAUSEWAY BLVD. S. STREET ADDRESS ST: PETERSBURG FL-33707 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

All 6 03 25/3777

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