FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # V 427 4 1 1. Entity Name					05-15-2002 90081 043 ***150.00	
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2. Principal P			3. Mailing Address	< 2435		
Suite, Apt.		57. SW	PG BO> Suite, Apt. ≢. etc.	<u> </u>	DO NOT WRITE IN THIS	SPACE
City & Stat			City & State	0 - 11	4. FEI Number	Applied For
F1. WE		Country	Fr. WALTON	Country	35 − 1506813 5. Certificate of Status Desired	Not Applicable
3254	ક્	OKALOSA	34549	OKACIOSA		Fee Required
Name K N					RENT GERCAN MP	
Street Address ((P.O. Box Number is Not Acceptable)	PKWY SW
	H	N THIS SP	ACE			
A Parameter			Transfer of the second of	Pr. W	ALTON BEACH FL	Zip Code 3-2548
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 .	Caralya trand	or philled harne of registered agent ar	and the formula of the Court of	E: Registered Agent signature require	ct when resistating) DATE	
9 This come		ible to satisfy its Intangible	January 1 - N	lay 1 Fee Is 1150.00		
Tax filling :		and elects to do so.	* Amende	1, Fee is \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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11.		OFFICERS AND D	Make Check Payal	ole to Department of Sta		
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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 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 on an attactment with an address, with all other like empowered.

KAREN L. GERCAK 850-243-2738 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR