## **2003 FOR PROFIT CORPORATION**

SIGNATURE:

|   |   |   | CORPORA<br>S REPORT             |                               | <u>)                                    </u> | Sep 12,  | FILED 2003 8:00                | am                     |
|---|---|---|---------------------------------|-------------------------------|--|--|--------------------------------|------------------------|
| DOCU  | MENT#   | P02000  | 118891                          |                               |  |  | ary of Sta                     |                        |
| 1. Entity Name  |   |   |                                 |                               |  | 09-12-2003   | 3 90087 019 ***150.0           | 00                     |
| P&KVE   | NTURES, INC.  |   | · (L)/                          |                               |  |  |                                |                        |
| Principal Place of Business 112. 88TH STREET #B   |   | Mailing Address 112. 88TH STREET #B                     |                                 |                               |  |  |                                |                        |
| VIRGINIA BEACH VA 23451   |   | VIRGINIA BEACH VA 23451                                 |                                 |                               |  |  |                                |                        |
| 2. Principal Place of Business<br>998 Old Cuffe<br>Suite, Apt. #, etc.  |   | er Rd 998 Old Catter Rd.  Suite, Apt. #, etc.           |                                 |                               | d.   |  |                                |                        |
| City & Stat   |   |   | City & State                    | 4 . /                         |  | 4. FEI Number  | RE IF MAKING CHANGES           | pplied For             |
| Virginia  | 2 beach.  | VA V  | Irainia Beau                    |                               | }  | 37-1447750   | <b>7</b>                       | ot Applicable          |
| 2345  | 54 Countr   | USA 0   | 23454                           | Country                       |  | 5. Certificate of Status Desire                                    | Fee Require                    |                        |
| 6. Name and Address of Current Registered Agent  Name  Name   |   |   |                                 |                               |  |  |                                |                        |
| PAGONA, PENNY J   |   |   |                                 |                               |  | D. Box Number is Not Accepta                                       | thie)                          |                        |
| 7769 MCCLURE DR. 3610   |   |   |                                 |                               | 10   |  | )r                             |                        |
| TALLAHASSEE FL 32312  |   |   |                                 |                               |  |  |                                |                        |
| Cityake Mary, FL FL 33746   |   |   |                                 |                               |  |  |                                |                        |
| 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. |   |   |                                 |                               |  |  |                                |                        |
| Dans Dans (Van Charas alelas  |   |   |                                 |                               |  |  |                                |                        |
| SIGNATURE Signature, typed or prifted name of registred agent and title if applicable. (NOTE: Registred Agent signature frequired when reinstating)   |   |   |                                 |                               |  |  |                                |                        |
| After Se  | ILE NOW!!! FEE I<br>ptémber 10, 2003 Fi<br>r Payable to Florida | ee will be \$750.00                                     | te                              |                               |  | 9. Election Campaign<br>Trust Fund Contribu                        |                                | 00 May Be<br>d to Fees |
| 10.   |   | OFFICERS AND DIRE                                       |                                 | 11.                           |  | ADDITIONS/CHANGES TO C   |                                |                        |
| TITLE<br>NAME   | PAGONA, PENNY   | J   | ☐ Delete                        | TITLE<br>NAME                 | Pago   | na. Penny J.   | Change                         | ☐ Addition             |
| STREET ADDRESS  | 112B 88TH ST<br>VIRGINIA BEACH,                                 | VA 22451  |                                 | STREET ADDRESS                | 998  | old Cutter Rd  | VA 23454                       |                        |
| CITY-ST-ZIP<br>TITLE  | SEC.  | VA 20401  | □ Delete                        | CITY-ST-ZIP<br>TITLE          | Seco   | inia Beach,  | <u>/A 23484</u> ☐ Change       | Addition               |
| NAME  | - Alle alor   |   | LT Delete                       | NAME                          | John   | G. Kokkinos  | Change                         | Addition               |
| STREET ADDRESS  |   |   |                                 | STREET ADDRESS                | 998  | old Cutter Rd  | 11                             |                        |
| CITY-ST-ZIP   |   |   |                                 | CITY-ST-ZIP                   | Vir  | ginia Beach,   | VA 23454                       |                        |
| TITLE NAME  |   | 462   | □ Delete □                      | * TITLE* - > *****<br>NAME    | _ =  |  |                                | Addition               |
| STREET ADDRESS  |   |   |                                 | STREET ADDRESS                | ĺ  |  |                                | Ì                      |
| CITY-ST-ZIP   |   |   |                                 | CITY-ST-ZIP                   |  |  |                                |                        |
| TITLE<br>NAMÉ   |   |   | ☐ Delete                        | TITLE<br>NAME                 | 1  |  | . Change                       | Addition               |
| STREET ADDRESS  | l   |   |                                 | STREET ADDRESS                |  |  |                                | 1                      |
| CITY-ST-ZIP   | ·   |   |                                 | CITY-ST-ZIP                   |  |  |                                | }                      |
| TITLE   | to 1  |   | ☐ Delete                        | TITLE                         |  |  | ☐ Change                       | Addition               |
| NAME<br>STREET ADDRESS  | !   |   |                                 | NAME<br>Street address        |  |  |                                |                        |
| CITY-ST-ZIP   |   |   | ,                               | GITY-ST-ZIP                   |  |  |                                |                        |
| TITLE   |   |   | Delete                          | TITLE                         |  | <del></del>  | ☐ Change                       | Addition               |
| NAME  |   | ÷ .   |                                 | NAME                          |  |  |                                |                        |
| STREET ADDRESS<br>CITY-ST-ZIP   | ·<br>-  |   |                                 | STREET ADDRESS<br>CITY-ST-ZIP |  |  |                                | 1                      |
|   | ertify that the informat  | ion supplied with this f                                | illing does not qualify for the |                               | led in Sect                                  | ion 119.07(3)(i), Florida Statute                                  | es. I further cartify that the | oformation             |
| indicated<br>of the cor   | on this report or suppl<br>poration or the receive              | emental report is true<br>r or trustee empowe <u>re</u> | and accurate and that my s      | sionature shall h             | ave the sai                                  | me legal effect as if made undi<br>lorida Statutes; and that my na | er oath: that I am an officer  | or director            |



## Affachment 90156432 P02000118891

September 8, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahasee, FL 32302-1500

To whom it may concern,

Please be advised that P& K Ventures, Inc. did receive prior notice of the 2003 Uniform Business Report filing date. The likely cause of the omission is that our business address has changed twice since January 2003. The current address, as indicated on the report, is:

998 Old Cutler Rd. Virginia Beach, VA 23454

Additionally, I was diagnosed on 12/31/02 with breast cancer. I have spent the last 8 months undergoing surgery, chemotherapy, and radiation. This, by the way, is also the reason for the changes in the business address. As the President and currently, the only employee of the corporation, I request a waiver of the \$400 late filing fee.

Thank you,

Penny J. Pagona, President