Secretary of State C.A.W. OF EVERGLADES, INC. Principal Place of Business 29 N. COULER AVE. 20 N. Country 20 Country 3. State 20 N. Country 3. Country 3. Country 4. FEI Number: 59-0331880 4. FEI Number: 59-0331880 4. FEI Number: 59-0331880 7. Name and Address of Nov Registered Agent Nove. WEBB, JAMES R. 200 N. COULER AVE. EVERGLADES R. 33029 City FL 20 N. COULER AVE. EVERGLADES R. 33029 Steed Address (I'O. Box Number is Not Acceptable) And Country Steed Address (I'O. Box Number is Not Acceptable) Steed Address (I'O. Box Number is Not Acceptable) And Address (I'O. Box Number is Not Acceptable) Steed Address (I'O. Box Number is Not Acceptable) Steed Address (I'O. Box Number is Not Acceptable) And Address (I'O. Box Number is Not Acceptable) Steed Address (I'O. Box Number is Not Acceptable) Steed Address (I'O. Box Number is Not Acceptable) Steed Address (I'O. Box Number is Not Acceptable) The acceptable of the Steed of Protice Agent And Acceptable of The Acceptable	2002 UNIFORM BUSINESS REPORT (UBR)						FILED			
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EXP Country Zip Country 5, Confidence of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent Name WEBB, JAMES R. 209 N. COLLER AVE. EVERGLADES FL 33929 City FL Zip Code SIGNATURE Speake typed or private reserved	City & Stat	9	City & State			- FO 000 1000				
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209 N. COLLIER AVE. EVERGLADES FL 33929 City FL Zip Code	WEBB. JAMES R.									
R. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. SIGNATURE: Signature, hyped or printed name of registered agent and many and the purpose of changing its registered agent alignature inquired when remarking: 9. This corporation is elligible to satisfy its Intergible Tax filting requirement and elects to do so. Marker May 1, 2002 Fee will be \$550.00 Marker May 1, 2002 Fee wil	•				Street Address (P.O. B	ox Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Spoulze, hyadro or printed name of registered agent and still if applicable. 9. This corporation is eligible to satisfy its intrangible Tax filting requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its intrangible Added to Fees (See with be \$550.00 Age and still be \$550.00 Age of the state of Plorida. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE MAME THOMPSON, CAROLYN A. STREET ADDRESS CITY-S1-2P 209 N. COLLIER AVE. EVERGLADES, FL 00000 TITLE NAME STREET ADDRESS CITY-S1-2P	EVERGLADES FL 33929			-			<u></u>			
SIGNATURE Signature, typed or printed name of regatience agent and late if applicable 9. This corporation is eligible to satisfy its Integrible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS into the company of the company	·				City		F	L Zip Coo	de	
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