

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547827

1. Entity Name  
D.L. PORTER CONSTRUCTION, INC.

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90595 044 \*\*\*150.00

C0021008



DO NOT WRITE IN THIS SPACE

| Principal Place of Business<br>6574 PALMER PARK CIR<br>SARASOTA FL 34238<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | Mailing Address<br>6574 PALMER PARK CIR<br>SARASOTA FL 34238<br>US                                                                      |                                                       | <p>DO NOT WRITE IN THIS SPACE</p>                                                                                                                    |                                                                   |                            |                |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                           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-------------|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|-------------------------------------------------------------------|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|-------------------------------------------------------------------|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | 3. Mailing Address                                                                                                                      |                                                       |                                                                                                                                                      |                                                                   |                            |                |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                   | Zip                                                                                                                                     | Country                                               | 4. FEI Number <b>59-1782890</b> <table border="1" style="float: right;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> |                                                                   | Applied For                | Not Applicable |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Applied For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 6. Name and Address of Current Registered Agent<br><br>WHITE, C. MARSHALL<br>6574 PALMER PARK CIR<br>SARASOTA FL 34238                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                                                         |                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                 |                                                                   |                            |                |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                                                       | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                 |                                                                   |                            |                |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LOER, GARY A</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>6574 PALMER PARK CIR<br/>SARASOTA FL 34238</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JEWELL, PAULETTE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6574 PALMER PARK CIR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34238</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WHITE, C. MARSHALL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6574 PALMER PARK CIR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA FL 34238</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                                           |                                                                                                                                         |                                                       |                                                                                                                                                      |                                                                   | 11. OFFICERS AND DIRECTORS |                |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | LOER, GARY A |  | STREET ADDRESS |  |  | CITY-ST-ZIP | 6574 PALMER PARK CIR<br>SARASOTA FL 34238 |  | CITY-ST-ZIP |  |  | TITLE | ST | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | JEWELL, PAULETTE |  | NAME |  |  | STREET ADDRESS | 6574 PALMER PARK CIR |  | STREET ADDRESS |  |  | CITY-ST-ZIP | SARASOTA FL 34238 |  | CITY-ST-ZIP |  |  | TITLE | V | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | WHITE, C. MARSHALL |  | NAME |  |  | STREET ADDRESS | 6574 PALMER PARK CIR |  | STREET ADDRESS |  |  | CITY-ST-ZIP | SARASOTA FL 34238 |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
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OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                                         | 12. 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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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        |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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        |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                         |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                           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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                         |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                           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| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| SIGNATURE: <u>Paulette Jewell</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>PAULETTE JEWELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           | 2-8-01<br>Date                                                                                                                          |                                                       | 941-929-9400<br>Daytime Phone #                                                                                                                      |                                                                   |                            |                |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |              |  |                |  |  |             |                                           |  |             |  |  |       |    |                                 |       |  |                                                                   |      |                  |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |   |                                 |       |  |                                                                   |      |                    |  |      |  |  |                |                      |  |                |  |  |             |                   |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |                                                                   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |

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