(850) 224-7173

Daytime Phone #

02-05-02

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

								8
DOCU 1. Entity Nan	MENT # 730331	-	THE D			0005428		
	ated industries of flor Aittee, inc.		FILED					
Principal Place of Business		Mailing Address		200	02 FEB 19 PM 1: 48			
516 N. ADAMS STREET Tallahassee fl 32301		PO BOX 10085 TALLAHASSEE FL 32302		SECR TALLA	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	9-1541669	<u> </u>	oplied For ot Applicable	-
Zip	Country	Zip	Country	5. Certificate of S	-	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Registered			1
-			Name					1
			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	'H ADAMS STREET							1
TALLAHASSEE FL 32301			City		FL	Zip Code	e	1
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office o	r registered agent, or both, in	the state of Florida.	-,		1
SIGNATURE	Signature, typed or printed name of registered agent	9. Election Ca	TE: Registered Agent signal impaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Chec Departme	k Payable nt of State		
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS (CHANG	ES TO OFFICERS AND DI	BECTORS IN	110	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZAGORAC, MICHAEL JR 201 E KENNEDY BLVD., STE 161	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/OFFANO	LO TO OFFICE TO A TO DE	☐ Change	Addition	2E037 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33602 T YON, DAVID P. 516 N ADAMS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL 32301: PD SHEBEL, JON L 516 N. ADAMS STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	90	0004955 -02/19/020 ****606.25	011026**-	021 ^{Addπon} 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL 32301 SD JOHNSON, MARIAN P 516 N. ADAMS ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL 32301 D HINSON, CHARLES O III 101 N MONROE STREET SUITE	□ Delete	TITLE NAME STREET ADDRESS City-St-Zip			☐ Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE FL 32301 VC AMMARELL, JOHN S 2943 S.W. BRIGHTON WAY PALM CITY FL 34990	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Drrizurieta, Arrizurieta, 450 E Las Ol Ft. Lauderda	Jorge L.	□ Change	Addition	
12. I hereby of indicated of the corchanged	PALM CITY FL 34990 certify that the information supplied with on this report or supplemental report is poration or the receiver of trusteelen or or on an attachment with an addless. Jon L She	this ling does not qualify for true and securate and that to were to execute this report with all other like empowered bell—Presid	or the exemption star my signature shall as required by Cha lent & CEC	ted in Section 119.07(3)(i), Fl ave the same legal effect as oper 617, Florida Statutes; an	orida Statutes. I further cer if made under oath; that I a nd that my name appears i	tify that the in am an officer n Block 10 or	formation or director Block 11 if	