2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 753473							FILED Jul 11 2001 08:00 AM						
1. Entity Name NORTHW				Jul 11, 2001 08:00 AM Secretary of State									
Principal Place 4646 NORTHW SARASOTA 34234	e of Business OOD TERRACE FL US	Mailing Address 4646 NORTHWOOD TERRACE SARASOTA 34234	US	- FL									
••••	ace of Business	3. Mailing Address 2832 NORTHWOOD CIRCLE Suite, Apt. #, etc.					50.		- 11.1 - 71.110				
City & State		City & State				DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For							
SARASOTA Zip 34234	Country	Country Zip C		FL Ty		59-2610 5. Certificate	•	Desired		\$8.75 Ad Fee Require			
6. Name and Address of Current Registered Agent KOZAK JOYCE 4646 NORTHWOOD TERRACE				7. Name and Address of New Registered Agent Name ZANGARA HEATHER L Street Address (P.O. Box Number is Not Acceptable) 2832 NORTHWOOD CIRCLE								- - - -	
SARASOTA 34234 8. The above	US named entity submits this statement fo			City SARASO office or		ed agent, or bo	th, in the s	tate of Flori	FL	Zip Coo 34234	ie		
SIGNATURE _	HEATHER LEE ZANG Signature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	egistered A	gent signatu	ire required	when reinstaling)			07/11	1/2001			
	FILE NOW: FEE IS \$61.25	9. Election Campaign Fi Trust Fund Contribution		· ·		0 May Be to Fees				Payable to		1	
10.	OFFICERS AND DIF	RECTORS	11.		Α	ODITIONS/CH	IANGES TO	OFFICER	S AND D	IRECTORS IN	l 10	֓֡֞֞֞֞֞֞֞֞֞֞֞֞֞֡֡֡֡֞֞֩	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURTON DONALD 2815 NORTHWOOD CIRCLE SARASOTA	☐ Delete FL 34234	TITLE NAME STREET CITY-ST	address T-Zip	TD ZANGA 2832 No SARAS	ORTHWOOD	ATHER CIRCLE	L	FL		☐ Addition	CR2E037 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZANGARA HEATHER 2832 NORTHWOOD CIRCLE SARASOTA	☐ Delete	TITLE NAME STREET	ADORESS T-71P	VD BURTO 2815 No SARAS	ORTHWOOD	NALD CIRCLE		FL	∑ Change 34234	☐ Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOZAK JOYCE 4646 NORTHWOOD TERRACE SARASOTA	☐ Delete	title Name Street	TITLE				L	FL		☐ Addition	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME	ADDRESS		-				☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP			-			Change	Addition		

12. I hereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Heather Lee Zangara

 \mathbf{PD}

07/11/2001