FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # 754940 CE A. ROTHMAN AND THELI	۰ . د-	Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90093 003 ****61.25														
Principal Place of Business C/O MARGIE R. GREEN 5700 70TH AVE. NO. PINELLAS PARK FL 33781 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address			1												
		C/O MARGIE R. GREEN 5700 70TH AVE. NO. PINELLAS PARK FL 33781 US 3. Mailing Address Suite, Apt. #, etc. City & State		900248 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2061386 Applied For Not Applicable													
]									
								Zip Country		Zip	Country		5. Certificate of S		\$8.75 Add	litional	1
									6. Name and Address of Current	Registered Agent	. I		7. Name and Add	dress of New Registered A			-[
				Name					1								
	Margie R. H avenue North			Street Address (P.O. Box Number is Not Acceptable)													
	S PARK FL 33781																
				City	City FL Zip Code												
SIGNATURE	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contril	ın Financin	~ ΨΟ.,	00 May Be ed to Fees	Make Check P Department											
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	10	1								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	dv Turville, Edward a 5700 70th Ave. No. Pinellas Park Fl 33781	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition	2007 (40,000)								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Green, Margie R. 5700 70TH AVE. NO. PINELLAS PARK FL 33781	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	••	· Lagardenia	☐ Change	Addition	Ì								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lane, Carol R. 5700 70th Ave., N. Pinellas Park Fl 33781	☐ Delete	TITLE NAME STREET CITY-S	r address St-zip			☐ Change	☐ Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS			☐ Change	☐ Addition									
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	r address (☐ Change	Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition									
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	s true and accurate and that i owered to execute this report	my signatu t as require	re shali have the	same legal effect as	if made under oath: that I ar	n an officer d	or director									

SIGNATURE: MARGINATURE ROURED Margia R. Green 1/9/01