FILED Jun 19, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			Secretary of State 06-19-2002 90930 030 ***150.00	
DOCUMENT # F 990000	064930		30 19 2002 90950 050	130.00
Bomer Blanks Lu	mber Co., Ir	1C.		870071
DO NOT WRITE				. :
2. Principal Place of Bysiness (3) Letter Sun Highua Suite, Apt. # etc.	3. Malling Address (S11 J2Hers Suite, Apt. #. etc.	on Highway	DO NOT WRITE IN THI	S SPACE
Baton Rouge LA	Baton Roug	a IA	4. FEI Number 72 -0415526	Applied For Not Applicable
Zip 806 Country	70 RO6	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			_7. Name and Address of Current Register	ed Agent
DO NOT W	/PITE	- Robe	TE McGill, III	PA
IN THIS SI		Street Address	(P.O. Box Number is Not Acceptable) Emzira a Coast Fa	2 Kukiy
		Destir	F	L 32541
8. The above named entity submits this statement f	or the purpose of changing its re	egistered office or registe	red agent, or both, in the State of Florida.	
SIGNATURESignature, typed or printed name of registered agen	and ittle if applicable. • (NOTE:	Registered Agent signature require	d when reinstating) ^^ DATE	-
. 9. This corporation is eligible to satisfy its Intangibl Tax filing requirement and elects to do so. , (See criteria on back)	After May 1 Amended	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND		TITLE SECTION SECTION		AND
me Chara Shurtz		NAME		
STREET ADDRESS 6237 KINEY DENCLO	1 70820	STREET ADDRESS		348
Sicion (Cerceje, 2)		init i for s		CR2E034B (12/01
NAME STREET ADDRESS STREET ADDRESS SECONS Energial Co	ret Dorking	NAME 7		
CITY-ST-ZIP Destin, FL	32541	CITY-ST-ZIP		
NAME _ A. Neil-Smith, I	п Ил	TITLE NAME		
STREET ADDRESS 2223 Quail Run	, Suite Del	STREET ADDRESS CITY+ST, ZIP	··· DO NOT WR	ITE - A.A.
TITLE SD Rouge,	A 70808	TITLE	IN THIS SPA	State (ACC) Color English Color (ACC)
NAME Lottie Smith M	CG:11 Drive	NAME STREET ADDRESS		VE
CITY-ST-ZIP DESTIN FL 3	2541	CHY-ST-ZIP		
TITLE		TITLE A		
NAME STREET ADDRESS		STREET ADDRESS.		
CITY-ST-ZIP ~	• •	CITY-ST-ZIP		
NAME TO THE POST OF SELECTION OF THE POST		TITLE NAME		
STREET ADDRESS GOD TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL		STREET ADDRESS CITY-ST-ZIP		
13. I hereby certify that the information supplied with indicated on this report or supplemental report in the corporation or the receiver or trustee em attachment with an address, with all other interest.	n this filing does not qualify for the strue and accurate and that my powered to execute this report impowered.	he exemption stated in So signature shall have the as required by Chapter 6	scion 119.07(3)(i), Florida Statutes. If urther c same legal effect as if made under oath; that 07, Florida Statutes; and that my name appe.	artify that the information am an officer or director ars in Block 11 or on an