FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

UNIFORM BUSIN	ESS REPOR	Secretary of State		
DOCUMENT # L37370 1. Entity Name			Secretary of State 05-15-2002 90071 039 ***150.00	
TIM W. AURT Y	.S., INC.			
DO NOT WRITE	IN THIS S	PACE		
2. Principal Place of Business 868 1067H AVENUE N Suite, Apt. #, etc.	3. Mailing Address 868 106 TH AVENUE N Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State NAPLES, FL	City & State NAPLES, FL		4. FEI Number 65-0173766	Applied For Not Applicable
Zip 34/08 Country	Zip 34108	Country	F	8.75 Additional ee Required
			7. Name and Address of Current Registered	Agent
		Name	Name WANDERON, THOMAS	
DO NOT W	RITE		(P.O. Box Number is Not Acceptable)	
IN THIS SE	MACE			
		868	IOGTH AVENUE N.	
		4110 1 2 (01)	NAPLES FL	Zip Code 108
8. The above named entity submits this statement for				34108
8. The above named entity submits this statement for	ine purpose or changing is	s registered office or registe		
SIGNATÜRE	THOM	1AS WANDER	10N $04/26$	102
Signature, typed or printed name of registered agent		E: Registered Agent signature require		
9. This corporation is eligible to satisfy its Intangible	January 1 - I	May 1 Fee is \$150.00		
Tax filing requirement and elects to do so. (See extering as book) Amended		1; Fee is \$550.00 d UBR is \$61.25 ble to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND			197 (MANY) Dina kanangan pangangan kanangan pangan	
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NAME ALERIT, TIM		NAME		
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

TIM AURIT

×4/-29/02 239-463-3334