NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 11, 2002 8:00 am Secretary of State

06-11-2002 90391 026 ****61.25

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DOCUI 1. Entity Nam	MENT • N	# 98-000	4006T	92	V						
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	No. of Doctor		2 Mis	ailing Address	معيد الأخر عن الأدار المالية						
2. Principal P		ng Gull M		52 Laughi	ng Gull L	- ^					
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33762	_	U.S.A.		3762	<u> </u>	4.	5. Certificate of		LJ Ė	ee Required	
	s .				Name		7. Name and Add	١		Agent	
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					City	\mathcal{F}	etersbu.	~Q,	FL	735731	
8. The above	named entity	submits this state	ment for the pur	rpose of changing i	ts registered office	or register	red agent, or both,	in the state of Flo	rida.		
SIGNATURE .											-
SIGNATURE .	Signature, typed	or printed name of register	ed agent and title if a	applicable, (No	DTE: Registered Agent sig	nature required	i when reinstating)		DATE	*	-
SIGNATURE.	Signature, typed	or printed name of register IS \$61.25		9. Election C	DTE: Registered Agent sign ampaign Financing I Contribution.		\$5.00 May Be Added to Fees			Payable to	
	Signature, typed	IS \$61.25 Amended UBR		9. Election C Trust Fund	ampaign Financing		\$5.00 May Be		ke Check		
SIGNATURE .	FEE Initial or	IS \$61.25 Amended UBR OFFICERS A	ND DIRECTOR	9. Election C Trust Fund	ampaign Financing I Contribution.		\$5.00 May Be		ke Check		7/01)
10. TITLE NAME	FEE Initial or	IS \$61.25 Amended UBR OFFICERS A	ND DIRECTOR	9. Election C Trust Fund	ampaign Financing I Contribution. TITLE		\$5.00 May Be		ke Check		(17001)
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12. I hereby certify that the information supplied with this filing 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 on an attachment with an address, with all other fike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/2002

(813)554-8155

Daytime Phone #