

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

05-19-2002 90074 008 ***150.00

DOCUMENT # P94000074332

1. Entity Name
A to Z Management of Bonita Springs, Inc.

DO NOT WRITE IN THIS SPACE

| | | | |
|---|----------------|---|---------|
| 2. Principal Place of Business 10915 Bonita Beach Rd Suite, Apt. #, etc. #2141 | | 3. Mailing Address Same Suite, Apt. #, etc. | |
| City & State Bonita Springs, FL | | City & State | |
| Zip 34135 | Country USA | Zip | Country |

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| | |
|--|--|
| 4. FEI Number 65-0525354 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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7. Name and Address of Current Registered Agent

| |
|--|
| Name HENSLEY, KAREY |
| Street Address (P.O. Box Number is Not Acceptable) 10911 Bonita Beach Rd #20P-1 |
| City Bonita Springs FL Zip Code 34135 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE 4-26-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

11. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVT Strebel, Rico William Am Wasser 134, Zurich 8049 Switzerland | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4-26-02 DAYTIME PHONE # 239 992 6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)