2002 UNIFO	RM BUSINESS REPORT (UBR)	FILED		
OCUMENT #	P95000050454	Feb 11, 2002 8:00 am Secretary of State		
JILL SACCO, CPA,	P.A.	02-11-2002 90041 050 ***150.00		

P. JILL SACCO, CPA, P.A.						02-11-2002 9004			
Principal Place of Business 239 1).S. 27 NORTH SEBF:ING FL 33870		Mailing Address 239 U.S. 27 NORTH SEBRING FL 33870							
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2. Principal Place of Business			3. Mailing Address			1 18911007 710 1919; BIRIK EBKIL 661() BBRIL	######################################	II BIILI DIBI (OB)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	El Number 65-0593186	—	pplied For		
Zip		Country	Zip	Zip Countr		5. 0	Certificate of Status Desired	\$8.75 Ac Fee Requir	Iditional
	6. Name	and Address of Current R	egistered Agent			7. N	ame and Address of New Registe	red Agent	
•					Name				
SACCO, P JILL 239 US. 27 NORTH					Street Ac	ldress (P.O. B	ox Number is Not Acceptable)		
•	FL 33870								
OEDIJING 1 E 000/0					City			FL Zip Coo	de
8. The above	named entity	submits this statement for t	the purpose of changing its r	registere	ed office or	registered age	ent, or both, in the State of Florida.		
SIGNATURE .	Signature typed	or printed name of registered agent an	d title if applicable (NOTE:	Registere	Anent signatur	e required when re	instation) Di	ATE	
							mstatilig)	· · · · · · · · · · · · · · · · · · ·	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! I							10. Election Campaign Financing	\$5.0	OO May Be
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable				נכם שנו וווא					
(See criter	ria on back)						Trust Fund Contribution.	☐ Adde	d to Fees
(See criter	ria on back)	OFFICERS AND D	Make Check Payabl			of State			
	P	OFFICERS AND D	Make Check Payabl	le to De	partment	of State	Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS		
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1/9/2005-

CR2E034 (9/01)