## 2000 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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  Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  President  14. OFFICERS AND DIRECTORS  Detels  16. Detels  17. Amme and Address of New Registered Agent Fee Required  18. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.  11. OFFICERS AND DIRECTORS  11. Detection Campaign Financing Trust Fund Contribution.  Added to State Check Payable to Department of State Check Payable to Ch	LUU		JOINTOO HEI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		
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SCHETARY OF STATE Adondo, FL. 33897  2. Principial Place of Business  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  Ci	Principal Plac	Business 5	O O O Y	271	00 OCT 25 AM	in: no	
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City State  Street Address of Current Registered Agent  Name  Street Address of New Registered Agent  To Name and Address of New Registered Agent  City  FL Zip Code  8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, types or preted name of ingitized signature of the department of State  9. This coxporation is eligible to satisfy its Intangible Tax Miling requirement and elects to do so.  Make Check Payable to Department of State  City State  10. Election Campaign Financing Trust Fund Contribution.  Added to Make Check Payable to Department of State  City State  ADDITIONS/CHANGES TO CHICERS AND DIRECTORS.  TILE  NAME  SIRET ADDRESS  CITY-ST-2P  TILE  NAME  SIRET ADDRESS  CITY-ST-2P  Change			2046 Lestina	welle way	SECRETARY OF S	TATE	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Do Not Write in This SPACE			ApopleA. Fl. 32703		TALLAHASSEE, FE	ORIDA	
City & State  City & State  City & State  City & State  A. FEI Number Sh 33 14 7 750  Not Sh 33 14 7 750  Not Sh. Country  S. Certificate of Status Desired Sh. Sh. 75 Addit Fee Required Sh. Name and Address of Current Registered Agent  Name  Street Address (Po. Box Number is Not Acceptable)  Street Address (Po. Box Number is Not Acceptable)  Street Address (Po. Box Number is Not Acceptable)  Signature, specie or priced name of imposered agent and see 4 equilicate.  (NOTE Registered Agent egrative requires departs removed when remotitancy:  DATE  9. This corporation is eligible to satisfy its Intengible Tax filling requirement and elects to do so. (See criteria on back)  AREF, MAY 1, 2009 Fee will be \$550,00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY ST-2P  TITLE  NAME STREET ADDRESS  CITY ST-2P  Delete  TITLE  NAME STREET ADDRESS  CITY ST-2P  Delete  TITLE  OCHORGES  CITY ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  OCHORGES  CITY ST-2P  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete	2. Principal Place of Business		3. Mailing Address			•	
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Signature   Sign	<u> </u>		City & State			Applied For	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  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  Signature, typed or preside name of registered agent and label 4 epiphocable.  NOTE Registered Agent signature required when recentaining)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SIRRET ADDRESS  CITY ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY ST-ZIP  TITLE  Decide  TITLE  Decide  TITLE  Change  Change  TITLE  Change  Change	Zip	Country	Zip	Country		\$8.75 Additional	
Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City		6. Name and Address of Cui	rrent Registered Agent	<u> </u>	7Name and Address of New Register		
City FL Zip Code  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    Signature, typod or printed name of registered agent and table if applicable.   (NOTE: Registered Agent signature required when rematating)   DATE	·			Name			
City FL Zip Code  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    Signature, typod or printed name of registered agent and table if applicable.   (NOTE: Registered Agent signature required when rematating)   DATE	Steven Brankley			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SiGNATURE    Signature, typed or printed name of registered agent and table if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	5595 W. coloniel DR.						
SIGNATURE    Signature, typed or printed name of registered agent and talle if applicable.   (NOTE Registered Agent signature required when rematating)   DATE	OH	robbs Jist , Obna,		City	F	Zip Code	
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Tax filing requirement and elects to do so.  (See criteria on back)  ARE MAY 1: 2000 Fee will be \$550.00  Trust Fund Contribution.  Trust Fund Contribution.  Added to the contribution of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  Change  Change	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signature require	ed when reinstating) DAT	E	
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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 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 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 B changed, or on an attachment with an address, with all other like empowered.	13. I hereby o	certify that the information supplied	d with this filing does not qualify fo	or the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the fill it.	

SIGNATURE: Steve Ristey Steve &

10.17.3000

<u> ЧОТ 279 936Ч</u>