2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000058973							FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90049 026 ***150.00			
1. Entity Nar	OCIATES, INC	0000970				Secretary of State 04-30-2002 90049 026 ***150.00			À	
Principal Place of Business 7110 51ST PLACE EAST BRADENTON FL 34203			Mailing Address 7110 51ST PLACE EAST BRADENTON FL 34203							
2. Principal I	Place of Busin	ness	3. Mailing Address					 	18888 HAI 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State			City & State			4	. FEI Number 65-0928411		pplied For]
Zip Country			Zip	гу	5. Certificate of Status Desired S8.75. Additional—					
	E Name	and Address of Current Re		· - <u>_</u>	ها در در وج			Fee Require	ed	
		and Address of Current Re	egistered Agent		Name		Name and Address of New Regis	tered Agent		
DUNNAM, JAMIE R 7110 51ST PLACE EAST					Street Addr	ress (P.O	. Box Number is Not Acceptable)		•	
BRADENTON FL 34203							ey.			
					City			FL Zip Coo	le	
8. The above	named entity	submits this statement for the	ne purpose of changing its.	gistere	d office or re	gistered	agent, or both, in the State of Florida			
SIGNATURE		or printed name of registered agent and	the if applicable. (NOTE:	Registered	Agent signature re	equired whe	n reinstating)	5/0Z.		
Tax filing		ble to satisfy its Intangible and elects to do so.	FILE NOW!! After May 1, 200 Make Check Payabl	2 Fee w	vill be \$550.		10. Election Campaign Financi Trust Fund Contribution.	· _ ~	00 May Be d to Fees	
11.	,	OFFICERS AND DI	RECTORS	12.		,	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	_
TITLÉ NAME STREET AODRESS CITY-ST-ZIP	P DUNNAM, 7110 51 P BRADENTO		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VID STREET E ON FL 34203	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	☐ Addition	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	_		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	r adoress St-zip			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME	ADDRESS		·	☐ Change	☐ Addition	
of the cor	on this report poration or th	or supplemental report is tru	ie and accurate and that my ered to execute this report a	the exem	ption stated i	the same	n 119.07(3)(i), Florida Statutes. I furth e legal effect as if made under oath; rida Statutes; and that my name app	that Lam an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C//15/0 Z
Daytime Phone *