APPROVED AND

2000 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # L9900	0007063				f - I	LEU		
 Entity Name QUAYLOR 	•	00 MAY - 6 AM 10: 40							
751 2006 12 W 355 35 1000 79400 50 700					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Plac 4365 WINDOV MELBOURNE	e of Business 1. ECH M ER WAY	Mailing Address 4365 WINDOVER WAY MELBOURNE FL 32934-8	9518			•			
Principal Place of Business 3. Mailing Address					-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FELNumber Applied For Not Applicable				
Zip	Country	Zip	Countr	<i>.</i>		ficate of Status Desired	\$5.00 A	dditional	
	6. Name and Address of Current	Registered Agent			7. Name	e and Address of New Re			
	100000			Name				_	
JENKINS, LOUISE S 117 CORAL REEF DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
	E BEACH FL 32937								
-			-	City FL Zip Code					
8. The above	named entity submits this statement f	or the purpose of changing it	s reaistered	l office or reaiste	red agent,	or both, in the State of Flor			
		FILE N Make Check Pa		EE IS \$50.00 Department o	of State		y many position		
9.E. 2015 / E .	1110	BERS/MEMBERS :	10.	1		ADDITIONS/0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, MARSHALL W 4365 WINDOVER WAY MELBOURNE FL 32934	Augus N. (17 A. Delette 17	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		500003 -06/01		5 1	
TITLE OF CO. HAME STREET ADDRESS CITY-ST-ZIP	POWEC	Detate	TITLE WAME STREET CITY-S	ADDRESS T-ZIP		****	·50.00 □****	** 31 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE RAME STREET CITY-S	ADDRESS T-ZIP	ر <u>- ب</u>		Change	Addition	
TIYLE NAME STREET ADDRESS CITY-ST-ZP		C Detate	TITLE NAME STREET	ADDRESS T-ZIP			☐ Change	Addition	
TITLE NAME S STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			. Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4	Delate	TITLE	ADDRESS	-	,	☐ Changa	AddOtion	
11. I hereby of indicated	Lertify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste	d that my signature shall have	or the exeme the same I	ption stated in Se egal effect as if r	nade under	oath; that I am a managir			

18 apr 2 000
Date