FILED Jan 30, 2002 8:00 am Secretary of State

01-30-2002 90164 016 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P95000064900 DOCUMENT #

1. Entity Name

BIGHAM JEWELERS, INC.

Principal Place of Business

Mailing Address

2900 TAMIAMI TRAIL NORTH

NAPLES FL 34103

2900 TAMIAMI TRAIL NORTH

NAPLES FL 34103

2. Principal Place of Business		3. Mailing Addres	SS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- I IEOGRODA HO TOTAL OLINY BORIN GOIN OR HILL BORIN ONNI ORINI ANNI ANNI ANNI ANNI ANNI ANNI ANNI			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number 65-0603116	Applied For Not Applicab		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
BIGHAM, GAR 2900 TAMIAMI	y d Trail North			Name Street Address	s (P.O. Box Number is Not Acceptable)			

Applied For Not Applicable

PD Delete NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME Delete TITLE Delete TITLE NAME Delete TITLE Delete TITLE NAME Delete TITLE Delete	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
2900 TAMAMI TRAIL NORTH NAPLES FL 34103 Signature, types or purses name of registered superations and completed superations and complete superations as eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State Pin OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Compatign Financing Added to Fees Added to	0:0::::	A.D.		Name						
APPLES FL 34103 City FL Zip Code	,			Street Address (F	Street Address (P.O. Box Number is Not Acceptable)					
B. 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 its if agenticable. (NOTE: Registered Agent agricular required when remaining) DATE										
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, types or pursed name of registered agent and see if applicable. NOTE Registered Agent signature required when remaining) Tax filling requirement and elects to do so. (See ordieria on back) elect to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee	NAPLES F	L 34103								
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD BIGHAM, KATHY L SIRET ADDRESS CITY-ST-ZIP MAPLES FL 34103 TITLE TITLE TITLE TO MAKE SIRET ADDRESS CITY-ST-ZIP MAPLES FL 34103 TITLE MAPLES FL 34104 TITLE MAPLES FL 34104 TITLE MAPLES FL 34104 TITLE MAME STREET ADDRESS CITY-ST-ZIP TIT				City		FL	Zip Code	9		
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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		ו certify that the information supplied with t	his filinozloes not qualify for th	e exemption stated in Sec	etion 119.07(3)(i), Florida Sta	atutes. I further certif	v that the in	formation		

indicated on this report or supplemental report in of the corporation or the receiver or truster empth changed, or on an attachment with an appearance. and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if inpowered.

SIGNATURE:

941-434-2800