## 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # P 97000 10\ 531						05-01-2002 91611 037 ***150.00			
To Entity (Valid	4	<i>u</i>			-,				
N& D Consulting and Management Company Ft.									
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D	O NOT WRITE	IN THIS SP	PAC	E					
2 Driania d Dia									
2. Principal Place of Business  19531 Gulf Blud Oni T 606 1953 \ Gulf Blud					,6				
Suite, Apt. #,	Suite, Apt. #, etc.	4.01	1,5,11,00		DO NOT WRITE IN THIS SPACE				
City & State		City & State			_  _				
Indian Shores 71. 33785 Indian Shores						FEI Number 59-3479888	Applied For Not Applicable	le l	
	Country	Zip	Coun	гу	5,=		8.75 Additional ee Required		
					7. Na	ame and Address of Current Registered	ee Required	4	
DO NOT WRITE IN THIS SPACE				Name	Than Pla	ngo Pla Assoc			
				Street A	ddress (P.O. E	Box Number is Not Acceptable)		$\dashv$	
				7,		2		-	
				City	_	717Th Aven N			
8. The above nar	the purpose of changing its		gistered office or registered agent, or both, in the State of Florida.						
	and statement for	the purpose of changing its fi	egistere	a onice o	registered ag	ent, or both, in the State of Florida.			
SIGNATURE	ature, typed or printed name of registered agent an								
	on is eligible to satisfy its Intangible	e sala a serva s			ire required when re	instating) DATE			
Tax filing requ		Fee is	Fee is \$550,00 10. Election Campaign Financing \$5.00 May Be						
(See criteria on back) Amended (Make Check Payable				\$61.25 partmen	of State	Trust Fund Contribution.	Added to Fees		
. 11. • TITLE <b>P</b>	OFFICERS AND DIRECTORS								
NAME 14	Hord, Richard		TITLE NAME	TILE IAME				2/01	
STREET ADDRESS CITY-ST-ZIP	1953   Gulf Blud Indian Shoks 71.33785			STREET ADDRESS				(E)	
TITLE ST:	Indian Shoks 41.33785		CITY-ST-ZIP TITLE		······································			CR2E034B (12/01)	
	Hord Naomi 19531 GUIF Blod.			NAME				l RZ	
CITY-SI-ZIP Indian Shoves 4. 33785				STREET ADDRESS					
TITLE -				CFTY-ST-ZIP				4	
NAME STEET ADDRESS	ree		NAMÉ		TO THE PERSON NAMED IN COLUMN			- <del>-</del> -	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY's ST-7IP			DO NOT WRITE			
TITLE			IIILE					4	
NAME STREET ADDRESS	DDDESS		NAME	ľ		IN THIS SPACE		-	
STY-SI-ZIP .			STREET ADDRESS CITY-ST-ZIP					l	
TITLE			HTLE			e the second second		4	
NAME STREET ADDRESS			NAME	NAME					
CITY-ST-ZIP			STRÉET ADORÉSS: CITY-ST-ZIP						
TITLE		, , , , , , , , , , , , , , , , , , , ,	THLE					-	
NAME . STREET ADDRESS .			NAME	NAME ?		3			
CITY-ST-ZIP				ADDRESS -Zip					
13. I hereby certify indicated on the	that the information supplied with this report or supplemental report is tru	s filing does not qualify for the			d in Section 11	19.07(3)(i), Florida Statutes, I further certify gal offect as if made under path; that I am	that the information	1	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Puchard I Hord - RICHAPDL, HORL -4-18-02 (727-593-0682)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR