## **2002 UNIFORM BUSINESS REPORT (UBR)**

Principal Place of Business  Mailing Address  11390 E. WISE LANE FLORAL CITY FL 32636  2. Principal Place of Business  NH E. No Kie Rue.  Suite, Apt. #, etc.  Mailing Address  DUUJCHILL  DO NOT WRITE IN THIS SPACE	
Suite And He ats	† <b>8€</b> 1
City 8 State  City 8 State  City 8 State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  See Required  Fee Required	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  STEED, WALTER G., JR.  114 E. NOBLE AVENUE  BUSHNELL FL 33513  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 title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Trust Find Contribution  Trust Find Contribution	Be
(See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TITLE  STEED, WALTER G., JR.  STREET ADDRESS  RT. 3, BOX 251A  CITY-ST-ZIP  FLORAL CITY FL  Added to Fees  Added to Fee	$\exists$ .
TITLE Delete TITLE Change Add  NAME STREET ADDRESS CITY-ST-ZIP Change Add  Change Add  Change Add  Change Add  Change Change Change Change  Change Change  Ch	lition E
TITLE         Delete         TITLE         Change         Add           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP<	ition
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TITLE  IAME  IAME  INAME  STREET ADDRESS  CITY-ST-ZIP  3. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	

indicated on this report or supplied with this illing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR