## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # P9900003570						Secretary of State 05-15-2002 90001 036 ***150.00				
		TD				00.10		020	100,00	
128 INC	ORPORAT	ED	V							
Principal Pla	ace of Busines		Mailing Address							
5798 W. SHO			•							
	richey fl 346	352	5798 W. SHORE DR. NEW PORT RICHEY FL 34652							
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		<del> </del> -	4. FEI Number 59-3551	 868	-	Applied For	7
Zip		Country	Zip	Country		· · - · · · · · · · · · · · · · · · · ·		8.75 A	lot Applicable	┨
					·	5. Certificate of Status Desir	edF	ee Requir	ed	
6. Name and Address of Current Registered Agent						7. Name and Address of N	ew Registered Ag	ent		J
PALE 00				Name	HARK	eu Paron				1
BOLE, BF		_		Street Address (			table)			┪
100 S. AS	E			<del></del>	300 1 - A	- <del></del>			4	
SUITE 11			<u>ڪ</u>	148 1	west shor	E CR.			1	
TAMPA FL 33602					EU Por	RT RICHEY	FL	34	652	1
8. The above	e named entity	y plomits this statement for	the purpose of changing its r	egistered office	or registered	agent, or both, in the State	of Florida.			1
<u>.</u>	5/	(I ' I	$\mathbf{Z}$	į			1001			1
- SIGNATURE	Signature States	printed name of registered agent at	nd little if applicable (NOTE:	Registered Agent sign	and you carry street when		129 10	<u></u>		l
• •						m (ensusing)	DATE			1
<ol> <li>This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</li> </ol>			FILE NOW !!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00			10. Election Campaig	n Financing	\$5.0	00 May Be	ľ
(See criteria on back)			Make Check Payable to Department of Stat			Trust Fund Contrib	oution.		d to Fees	
11.		OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO	OFFICERS AND D	RECTOR	S IN 11	┥
TITLE	P		☐ Delete	TITLE				Change	Addition	1:
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STREET ADORESS					1	· ·				
CITY OT 71B				STREET ADDRESS	i .				i	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CICNIATURE

BED ...

-729-424-2002 \741-229

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