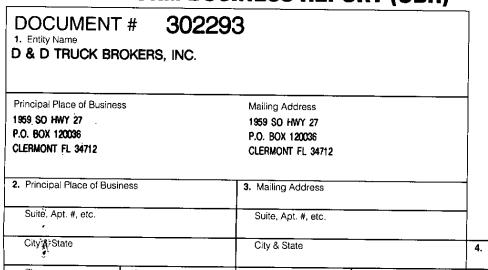
2002 UNIFORM BUSINESS REPORT (UBR)

302293 **DOCUMENT #**

FILED May 05, 2002 8:00 am Secretary of State

05-05-2002 90298 027 ***150.00



P.O. BOX 12 CLERMONT F	0036	P.O. BOX 120036 CLERMONT FL 34712			
2. Principal Place of Business		3. Mailing Address		T CORNER THAN THAN AND AND HANDENING BACK COURT BY CALL CALLE STORY STORY STORY STORY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FE! Number 59-1117426 Applied For Not Applicable]
Zip	Country	Zip C	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent	ł
BLOEBAUM, BOB 12210 LAKESHORE DRIVE CLERMONT FL 32711			Street Address	BIDEBAUM, C, CATHERINE. (P.O. Box Number is Not Acceptable)	
OLL: IIIO			City	FL Zip Code	
9. This corporate filing	Signature, Speci or printe Tylma of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	meter C. CAT	THEAINE B stered Agent signature require EE IS \$150.00 ee will be \$550.00	10. Election Campaign Financing \$5.00 May Be	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JANE 1111 LAKEVIEW DR CLERMONT, FL 00000	⊠ Oelete	TITLE PD BLC STREET ADDRESS 123		(10/0/ /000
	SVDT BLOEBAUM, ROBERT 12210 LAKESHORE DRIVE CLERMONT, FL 00000	1	TITLE V.D. WAME J.C. STREET ADDRESS 123	DEBAUM, ROBGETC. Change Addition DIO LAKESHORE DRIVE ERMONT, FL 34711	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, DALLAS 1111 LAKEVIEW DR CLERMONT, FL 00000	, n	ITTLE STD NAME BLO STREET ADDRESS 165	Change Addition DEBAUM, CHEISTOPHER DEBAUM, CHEISTOPHER DEBAUM, CHEISTOPHER DEBAUM, CHEISTOPHER DEBAUM, CHEISTOPHER NTER PARK, FL 32185	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, N	TTLE NAME STREET ADDRESS STY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brack tout	, N S	ITLE IAME TREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		N	ITLE AME TREET ADDRESS	☐ Change ☐ Addition	

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 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.

SIGNATURE:

SOURCE BLOEDAUM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR