FOR PROFIT CORPORATION 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

FILED Apr 02, 2002 8:00 am Secretary of State

04-02-2002 90970 039 ***150.00

NICAR PYOUCIS, DIC.	
DO NOT WRITE IN THIS SPA	ACE 80057412
2. Principal Place of Business, 1602 N. Goldenrod Rd. 3. Mailing Address 1602 N. Goldenrod Rd. Suite, Apt. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State ORIANDO, FL ORIANDO, I	4. FEI Number Applied For Not Applied For Not Applied For
Zin - Country Zin	ORAnge 5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE	7. Name and Address of Current Registered Agent Name Name Dege Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE 1602 N. Goldenrod Rd.	
,	City Orlando FL Zipsode 807
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	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1, F Amended Ui Make Check Payable to	ee is \$550.00 10. Election Campaign Financing \$5.00 May Be 3R is \$61.25 Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS	
NAME STREET ADDRESS 1602 N. Goldenrod Rd	TITLE SAME
STREET ADDRESS 1602 N. Goldenrod Rd CITY-ST-ZIP ORLANDO, FL 32807	STREET ADDRESS CITY-ST-ZIP
TITLE V	TITLE
NAME ROBERT SHIUZAS STREET ADDRESS 1602 N. Folden rad Rd	NAME STREET ADDRESS
STREET ADDRESS 1602 N. Golden rod Rd CITY-ST-ZIP ORJANDO, FL 32807	CITY-ST-ZIP
NAME Nicholas J. Degel	TITLE NAME
NAME NICHOLAS J. Degel STREET ADDRESS 1602 N. Goldenrod Rd. CITY-ST-ZIP DOLLAN JO E. 332807	STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE ORIANDO, FL 32807	TIFLE IN THIS SPACE
NAME STREET ADDRESS	NAME IN INIS SPACE STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	TIFLE NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	TITLE
NAME	NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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	

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 on 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 enhowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | 19/02

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