2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 438313 1. Entity Name A 5, INC.					Secretary of State 04-18-2002 90413 009 ***150.00		
Principal Plac 2901 HWY 31 ARCADIA FL 3 US	Mailing Address 2901 HWY 31 S ARCADIA FL 34266 US						
2. Principal Place of Business 2943 SE Creekwood Tea 2943 SE Creekwood Suite, Apt. #, etc. 3. Mailing Address 2943 SE Creekwood Suite, Apt. #, etc.			eekwood Ter		DO NOT WRITE IN THIS SPACE		
City & State HRCAdiA, Fl. Zip Country Zip Country Zip Country Zip Zip Zip Zip Zip Zip Zip Zi			Country De So to		4. FEI Number 59-1504027 5. Certificate of Status Desired □	Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VARHER, EDWARD 0 2943 CREEKWOOD TERRACE ARCADIA FL 34266			Name Street A	7. Name and Address of New Registered Agent			
(See criteria on back) After May 1, 2002 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees							
STREET ADDRESS	C Delete TITE VARNER, EDWARD O. NA PO BOX 2220 N/A ST		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND NEW , Edward O 3 SE Creekwood Ter. Ad:A, FL. 34166	Change Addition	
NAME STREET ADDRESS	V Varner, Phillip E. Po Box 2220 N/A Arcadia Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	294 HRC	VARNER, Phillip E		
STREET ADDRESS	ST		NAME STREET ADDRESS CITY-ST-ZIP	29			
STREET ADDRESS	P Varner, Steven E. 30505 Turtle Dove Lane Punta Gorda Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	305			
STREET ADDRESS	AS Varner, Iris Po Box 2220 N/A Arcadia Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Punta Gorda, EL. VARNER, IRIS I. D'Change Addition 2943 SE. Creekwad Ter. H ROALA. FL. 34266			
TITLE NAME STREET ADDRESS	T VARNER, JAMES S. 505 LITTLE LAKE COURT WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAR 294 Arc	PCALIA, FL. 34266 NER JAMES 3 SE. CREEKWOOD TOI Adra, FL 34266	☐ Change ☐ Addition	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.02

Daytime Phone #