2000 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan	MENT # 45047			FILED Mar 04, 2000 8:00 au Secretary of State	m	
4450 W. 250 Per:	Eau Gallie Boulevard Limeter Center ne, FL 32934-9237	Mailing Address Same		03-04-2000 90006 016 ***150.00		
2. Principal Place of Business		3. Mailing Address		B0021685		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For 59–1525854 Not Applicate		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	<u> </u>	
	6. Name and Address of Current F	lRegistered Agent		7. Name and Address of New Registered Agent		
Jo Ashley 4450 W. Eau Gallie Boulevard 250 Perimeter Center Melbourne, FL 32934-9237			930	Patrick Anderson, Esquire 1 Address (P.O. Box Number is Not Acceptable) ese, Nash & Hansen, P.A. S. Harbor City Boulevard, Suite 505		
8 The above	a named entity submits this statement for	the nurnose of changing its		bourne FL Zip Code 32901 or registered agent, or both, in the State of Florida.		
SIGNATURE	Signal vertiged or printed name of registered agent as	Lollo-	_ J. Patric	ck Anderson DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	Committee the time the state of	III FEE IS \$150 100 Fee will be \$ ble to Departmen	\$550.00 Trust Fund Contribution Added to Fees	э	
11,	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Dunnam 44 Oakwood Drive	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Additi	ion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dresher, PA 19025-2 D Bruce Clouser 360 Curwyn Lane	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi	ion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Berwyn, PA 19312 DT Janet Winter 430 Leanard Road	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi	ion	
TITLE NAME STREET ADDRESS	Huntingdon Valley, P D Charles Hoyman 844 Oak Park Drive	⊠ Delete	TITLE NAME STREET ADDRESS	Change Additi	ion	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melbourne, FL 32940 D Thomas D. Jones 232 E. 68th Street	⊠ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additi	ion	
TITLE NAME STREET ADDRESS	New York, NY 10021 TS Jo Ashley 10670 S. Tropical Tr	□ Delete	TITLE NAME STREET ADDRESS	100/U S. Propical Trail	naı	
CITY-ST-ZIP	Merritt Island FI.	32952	CITY-ST-ZIP	Merritt Island, FL 32952 stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information	\dashv	

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:

JO Ashley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(321) 259-0854

Daytime Phone #