## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT #	545899					May 15, 2002 8:00 am Secretary of State 05-15-2002 90078 032 ***150.00					
Principal Place of Business 1382 TATUM BLVD. NEW SMYRNA BEACH FL 32170		Mailing Address P.O. BOX 214148 SOUTH DAYTONA FL 32121 US										
2. Principal Place of Business		3. Mailing Address							Olib (Oli Olible)	HEN DERN BIRN ON	AN 81411 1031	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State		City & State			<u>;</u>	<b>4.</b> F	4. FEI Number S9-1770662 Applied For Not Applicable					
Zip	Cour	itry	Zip	Count	у	<b>5.</b> C	ertificate of	Status Desired		\$8.75 Addi	itional	
	6. Name and Ad	Idress of Current Re	gistered Agent	<u> </u>		7. N	ame and Ac	Idress of New	Registered	Agent		
					_Name	<del></del>				<del></del>	-حصص	-
PROVAN, 825 PATTI	SHERIE ERSON DRIVE				Street Addres	s (P.O. Bo	ox Number i	s Not Acceptab	ole)			
SOUTH D	AYTONA FL 3271	ģ						<u></u>				
					City				Fl	Zip Code	, .	
SIGNATURE .  9. This corportax filing r	Sheri	Poots name of registered agent and attisfy its Intangible	title if applicable. (NOT  FILE NOW  After May 1, 20  Make Check Paya	TE: Registered	Agent signature requisits \$1,50.00 will be \$550.0	oired when rei	instating) <b>10.</b> Electi  Trust	on Campaign F	HODATE DATE	Added	<b>0</b> May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CI	ANGES TO OF	FICERS AN	D DIRECTORS		٠,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PROVAN, SHER 825 PATTERSOI DAYTONA BEAC	E N DRIVE	☐ Delete		ET ADDRESS ST-ZIP			•		☐ Change	☐ Addition	CR2F034 (9/01
NAME STREET ADDRESS CITY-ST-ZIP	VS PARILLO, SHIRL 825 PATTERSO DAYTONA BEAG	N DRIVE		NAMI Stre		· · · · · ·					<del></del>	
TITLE			☐ Delete	TITLE						Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP							
TITLE NAME STREET ADDRESS			☐ Delete			-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	,		☐ Delete	TITLI NAM STRE	-			•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE	-			<u>.</u>		☐ Change	Addition	
13. I hereby indicated	d on this report or su	pplemental report is t	his filing does not qualify f rue and accurate and that vered to execute this repo th all other like empowere	rt as requ	mption stated in ture shall have red by Chapter	n Section the same 607, Flor	119.07(3)(i). legal effect ida Statutes	Florida Statute as if made und and that my na	es. I further o er oath; that ame appear	ertify that the i I am an officer s in Block 11 o	nformation or director r Block 12 if	

SIGNATURE: SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

386-423-6100

Daytime Phone #

**FILED**