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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602200

1. Entity Name

GURNEY & HANDLEY, P.A.

FILED Feb 01, 2000 8:00 am Secretary of State

Principal Place of Susiness 25 E. ROBINSON 20 F. POL SIST 1273 SUITE 40 ORLANDO F. 138601 US 2. Principal Place of Susiness 3. Malling Address Suite, Agril, Fletc Suite, Agril, Fletc Suite, Agril, Fletc Cory & Suite	SOUTH STUTTULE () 1 / / /					02-01-2000 90024	045 ***15	50.00		
Country	Principal Place of Business Mailing Address				_					
2. Principal Place of Businesss Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. City & State Courtery Zip Courtery Zip Courtery Zip Courtery Zip Courtery S. Certificato of Status Queened 88.75 Additional Fee Required Street Address of New Registered Agent T. Name and Address of New Registered Agent Name GREEN, Address of State Address of Current Registered Agent Street Address of O. Box Number is Not Acceptable) Street Address of O. Box Number is Not Acceptable) FL Zip Code Street Address of O. Box Number is Not Acceptable) FL Zip Code Street Address of O. Box Number is Not Acceptable) FL Zip Code Street Address of O. Box Number is Not Acceptable) FL Zip Code FL Box Number is Not Acceptable) FL Zip Code Address Not 1, 200 Fee will be 550.00 Make Check Psyable to Department of State Original International Contribution The Number of Department and device to co. oc. (See criters on back) ONESAND FL 32801 THE Number of Department of State Original International Contribution Street Address State Original International Contribution The Number of Department of State Original International Contribution The Number of Department of State Original International Contribution The Number of Department of State Original International Contribution ONESAND FL 32801 Delete International Contribution ORIGINATOR FL 32801 Delete	SUITE 450		P.O. BOX 1273 SUITE 450				A0013	1306		
Suite, Apt. 4, etc. Suite, Apt. 5, etc.	US		U\$			P (MB) (A B) STEEL AND STAIN STAIN STAIN AND AND AND AND AND AND AND AND AND AN)		
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Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPÀI	CE		
Street Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name	City & State	9	City & State		4. f	El Number 59-1295954_	-			
GREEN, ROBERT S. 225 E ROBINSON ORLANDO FL 32801 SIGNATURE SIGNA	Zip	Country	Zip	Country	5. (Certificate of Status Desired				
GREEN,ROBERT S. 225 E.ROBINSON ORLANDO FL. 32801 8. The above naried epithy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1. SIGNATURE 2. Sign		6. Name and Address of Current P	legistered Agent		7. N	lame and Address of New Reg	istered Age	nt		
225 E.ROBINSON ORLANDO FL. 32801 1. T.A. 7) - H				Name						
R. The above named entity supmits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Comment	225	E.ROBINSON		Street Addre	ess (P.O. B	ox Number is Not Acceptable)				
8. The above named equity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature, space of operation and or optivities appeal and itself applicable (NOTE Registered Agent supriture required when mentations) DATE	OHL			City			<u> </u>	Zin Code		
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1. Jim to the second as supplemental second in true and expurete and that municipative aball have the same level offert on it made under oath that I am an attitude of director.	1		this filing does not qualify for t	he exemption stated i	in Section	119.07(3)(i), Florida Statutes. I fo	urther certify	that the in	formation	

3. Thereby certify that the information supplied with this filing does not qualify of the exemption stated in 1907(3)(f), riolda Statutes. Fidures the file file 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/20/00

407. 843. 9500

Daytime Phone