2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar S & C, IN		4		Secretary of State 08-31-2001 90003 022 ***150.00
Principal Place of Business 201 8TH STREET SOUTH SUITE 208 NAPLES FL 34102 US		Mailing Address P. O. BOX 9397 NAPLES FL 34101-9397 US		
2. Principal Place of Business		3. Mailing Address		I LOGILLO OCUTA BOLTA LOGILI SOLIO STATA DIDAL STATA DIDAL STATA DIDAL STATA DIDAL STATA DIDAL STATA
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-1866047 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
		,	Name	
SCHWESSINGER, SCOTT W. 201 8TH STREET SOUTH SUITE 107A			Street Address	ss (P.O. Box Number is Not Acceptable)
NAPLES FL 34102			City	FL Zip Code
8 The above	a named actity submits this statement for	the oursess of changing its	rogistored effice or resist	stered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After September 12, 2			Progletered Agent signature requires: 1! FEE IS \$550.00 , 2001 Fee will be \$750 le to Department of St	50.00 10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SCHWESSINGER, SCOTT W 9834 CAMPBELL CR. NAPLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , ,	~ □ Delete -	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	Change _ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated	on this report or supplemental report is tr	ue and accurate and that m	v signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 107, Florida Statutes; and that my name appears in Block 11 or Block 12 if

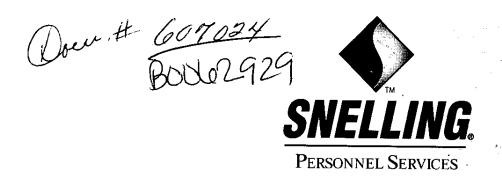
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/01

941-262-3974

Daytime Phone (



8/23/01

TO: FLORIDA DEP'T. OF STATE DIVISION OF CORPORATIONS

ENCLOSED PLEASE FIND A CHECK IN THE AMOUNT OF \$/50,000 FOR THE ZOOI UBR,

WE DID NOT RECEIVE THE JANUARY 2001 UBR.

Sincology,

SCOTT W. SCHWESSINGER

PRESIDENT

JEC Carp