FILED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732317 1. Entity Name						Mar 01, 2001 8:00 am Secretary of State					
PALMA	SOLA-POŜT NO: 10141 VETE	rans of foreign	WA~					_	64 050 ***		
Principal Plac	e of Business	Mailing Address									
420 67TH STR BRADENTON I		420 67TH STREET, W. BRADENTON FL 34209				7.400					
						11111111					
2. Principal P	face of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	9	City & State			_	4. FEI Number 59-6552199 Applied For Not Applicable					
Zip Country		. Zip	Country			5. Certilicate	of Status Desired		\$8.75 Add Fee Required		ĺ
	6. Name and Address of Current R	egistered Agent		Alexan		7. Name and	Address of New R	legistered	Agent		4
CARTER, WILMER A 420 67TH STREET W. BRADENTON FL 34209				Street A	Name Schedeneck, Fred W. Street Address (P.O. Box Number is Not Acceptable) 420 67th St. W.						
				City]	Brade	enton,		FL	Zip Code 3420		1
-8:-The above	named entity submits this statement for the stat	mech	E: Registale	d Agent signet	ure required	when reinstating) May Be		1/ DATE	29 / 01 Payable to		
	FEE IS \$61.25	Trust Fund Contribution.			Ådded	Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE OFFICERS AND DIRE SCHEDENECK, FRED W 420 67TH STREET W. BRADENTON FL 34209	CTORS Delete		Ē		ADDITIONS/CH/	INGES TO OFFICE	HS AND D	☐ Change	Addition	CR2E037 (10/00)
TITLE NAME STREET ADORESS CITY-ST-ZIP	CD FREDRICKS, NORMAN 420 67TH ST W BRADENTON FL	KS, NORMAN		E E EET ADDRESS -ST-ZIP	420	er, Jose 67th St		XX Change	Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLEASON, WILLIAM T 420 67TH ST W BRADENTON FL	☐ Delete .			БГа	dencon,	Fl 34209		☐ Change	Addition	
TITLE	VD Moser, Joseph	Delete	TITLE		VD				Change	Addition	
NAME STRÉÉT ADDRÉSS CITY-ST-ZIP	420 67TH ST W BRADENTON FL	67TH ST W				Russell; Will-bram 120 67th St. W.					=:-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	CITY	E et address -st-zip				_	☐ Change	Addition	
12. I hereby of indicated of the corporated, changed,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver of trustee explored or on an attackment with a factorists, yill	his filling does not quality for ue and accurate and that need to execute this report by other like appowered.	the exemple the signal as required as requ	mption stat ture shall h red by Cha	ed in Sec ave the s pter 617,	ction 119.07(3)(i) ame legal effect Florida Statutes	, Florida Statutes. I as if made under o ; and that my name	further cenath; that ! appears	rtily that the in am an officer o in Block 10 or	formation or director Block 11 if	
SIGNAT	URE: FRANK TURE AND TYPED OR PRE	PAREONIA NTED NAME OF BIGNING OFFICER		TOR .		1/:	29/01 941 Date		-6394 Daytime Phone #		