2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755892

• .		IUM ASSOCIATION, I	NC.			
Principal Place of Business PRINCIPAL FLANE PRINCIPAL FL 33904		Mailing Address 718 SE 46TH LANE #101 CAPE CORAL FL 33904 US				
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc.				
		Zip	Country	Zip	Country	

	-			
	IP IMARK INRIG RIKA KRKIA KINAR AI	ibia biaak niner binke ibaa		
		I BI II BI		
		I BEN MENDEN MENDEN MERKE FALLE		
		1821 B2821 B1812 B1826 1981		
	I	MILL MINER MINER #6046 1900		

				BO NOT WHILE IN THIS SI AGE						
City & State		City	City & State		4. FEI Number 59-2145787			Applied For Not Applicable		
Zip	Country	Zip		Country			tus Desired	8.75 Additional		1
6. Name and Address of Current Registered Agent						7. Name and Addre	ess of New Registered Aç	jent		1
			_	Name						1
VUCITECH, ALEX			Street	Street Address (P.O. Box Number is Not Acceptable)						
718 S.E. 46TH LANE #101							. 			1
#101 CAPE CORAL FL 33904			City	City FL Zip Code					1	
8. The above	named entity submits this statement for	or the purpo	se of changing its r	egistered office	or regist	ered agent, or both, in the	ne state of Florida.			1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribu					ature requir	\$5.00 May Be Added to Fees	Make Check Department			
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN	l 10	+
TITLE NAME	DVPS WOOD, GERALDINE 718 S.E. 46TH LANE #102 CAPE CORAL FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	10/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VUCITECH, ALEX 718 S.E. 46TH LANE #101 CAPE CORAL FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	18
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JOHN 718 S.E. 46TH LANE #103 CAPE CORAL FL 33904		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	Change	Addition	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUESTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR