## 2000 UNIFORM BUSINESS REPORT (UBR)

Secretary of State  OF-24-2000 90070 013 ***150.00  OF-24-2000 90070	DOCUME  1. Entity Name	NT # 847984	<u> </u>		FIL: May 24, 20		
Mailing Address 20 ORTVIERA BLVD. P. O. BOX 4346  2. Principal Place of Business S. AUGUSTINE, FL 32086 ELLENVILLE, NY 12428  2. Principal Place of Business Suite, Apr 6, etc. Suite, Apr 6, etc. Suite, Apr 6, etc. City 6 State City FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signama by 6d or printed name of registered agent at the 6 registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signama by 6d or printed name of registered agent at the 6 registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signama by 6d or printed name of registered agent at the 6 registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signama by 6d or printed name of registered agent at the 6 registered office or registered agent, or both, in the State of Florida.  Make Check Payables to be stately the thanking the florida office or registered agent, or both, in the State of Florida.  Make Check Payables to Department of State Check Payables to Dep	AEDO MOAN	ICDODMEDC INC	•	V	Secretary	of State	
2. Principal Prace of Business  3. Mailing Address  Sulfe, Apt. F. etc.				<del></del> -	-		
Surie, Apt # etc.	200RIVIER	RA BLVD.	P.O. BOX 434				
City & State	2. Principal Place of	of Business	3. Mailing Address		<b>-</b>		
Security	Suite, Apt. #, etc	Nagara and American	Suite, Apt. #, etc.	. =	DO NOT WRITE IN THIS	S'SPACE	
S. Country  S. Country  S. Certificate of Status Desired   S. 75 Additional Fee Required.    S. A. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to seasify its Intangible Signature, hyber or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when ministring) DATE  9. This corporation is eligible to seasify its Intangible Signature, hyber or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when ministring) DATE  9. This corporation is eligible to seasify its Intangible Signature, hyber of printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when ministring) DATE  9. This corporation is eligible to seasify its Intangible Signature, hyber of printed name of registered Agent signature required when ministring) DATE  FILE NOW!! FEE IS \$150.00 (NOTE, Registered Agent signature required when ministring) DATE  FILE NOW!! FEE IS \$150.00 (NOTE, Registered Agent signature required when ministring) DATE  10. Election Campaign Financing St.00 May Replace Street Notes St.00 May Replace St	City & State		City & State			<del></del>	
SHARON WILLIAMS 200 RIVIERA BLVD. ST. AUGUSTINE, FL 32086  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE Signature, byend or protect name of registered agent and title if applicable.  9. This corporation is eligible to satisfy its Intangable rate flight on the state of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Florida.  9. This corporation is eligible to satisfy the Intangable rate flight on the State of Stat	Zip	Country	Zip	Country		\$8.75 Additional	
SHARON WILLIAMS 200 RIVIERA BLVD.  ST. AUGUSTINE, FL 32086  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  SIGNATURE  Signature, byeed or printed name of registered agent and title if applicable  9. This corporation is eligible to satisfy its intangible Tark fling requirement and elects to do so.  After MAY 1; 2000 Fee will be \$550,000; 100  BAY 1500 Fee will be \$5	6. N	ame and Address of Current	Registered Agent		7. Name and Address of New Registered		
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ST. AUGUSTINE, FL 32086  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature, lyped or printed name of registered agent and title # applicable   (MOTE, Registered Agent signature required when revisitating)   DATE  9. This corporation is eligible to satisfy its Intangible   The HOWITI FEE IS \$150.00   Tan filing requirement and efects to do so.   After MAY 1, 2000 Fee Will be \$550.00   Tan filing requirement and efects to do so.   After MAY 1, 2000 Fee Will be \$550.00   The HOWITI FEE IS \$150.00   The HowITI FEE IS \$1				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, lyred or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its intangible and signature required when reinstating)  10. Election Campaign Financing Trusk Fund Contribution.  Added to Fees  Signature, lyred or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  11. Corporation is eligible to satisfy its intangible and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. ADDITIONS (Financing Trusk Fund Contribution.  Added to Fees  Make Check Payable to Department of State)  Trusk Fund Contribution.  Added to Fees  Added to Fees  State Fund Contribution.  Added to Fees  Addition Trusk Fund Contribution.  Added to Fees  Addition Trusk Fund Contribution.  Added to Fees  Addition Trusk Fund Contribution.  Addition Charge Addition of Charge Addition Addition of Charge Addition			2086	0.15			
Signature   Signature popular of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE    9. This corporation is eligible to satisfy its Intangible   Task filling requirement and efects to do so. (See criteria on back)   Task filling requirement and efects to do so. (See criteria on back)   After MAY 1, 2000 Fee will be \$550.00     Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fees		_	2000	City	FI	Zip Code	
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	I3. I hereby certify the information indicates	ated on this report or suppleme	ental report is true and accura	or the exemption stated	ure shall have the same legal effect as if made	under oath: that I am an	
	SIGNATURE					74-647-2500 Daytime Phone #	