2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	JMENT # F3742° CORPORATED	Secretary of State				306 AB			
		t in the second							
1498 NW 3RE	ce of Business O STREET SEACH FL 33442	Mailing Address 320 N. JENSEN ROAD VESTAL NY 13850		2 .	A0077707				
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			50 <u>-</u> 210302 <i>/</i>		oplied For of Applicable]	
Zip Country		Zip Count		ry .	5. Certificate of Status Desir		8.75 Add	ditional	
	6. Name and Address of Current R	egistered Agent		A National Control	7. Name and Address of Ne	w Registered A	gent]
DAVIS, LAWRENCE E C/O USAF 1498 N.W. 3RD STREET				Name Street Address (P	P.O. Box Number is Not Accep	table)			
DEERFIEL		City FL 2				Zip Cod	e	-	
Tax filing (See crite	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!!! After September 12, Make Check Payable	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.0 Make Check Payable to Department of State			DATE n Financing oution.	Added	O May Be	-, -, -,
TITLE	OFFICERS AND D	Delete	12.		ADDITIONS/CHANGES TO		_		
NAME STREET ADDRESS CITY-ST-ZIP	MATTHEWS, JAMES F 320 N. JENSEN ROAD VESTAL NY 13850	L) Detete	NAME	r address St-zip			☐ Change	☐ Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, LAWRENCE E 320 N. JENSEN ROAD VESTAL NY 13850	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition	185
NAME STREET ADDRESS CITY-ST-ZIP	The same of the sa	☐ Delete		ADDRESS it-zip	e to the second	The second statement	Change	Addition	e-
TITLE : NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		ı	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T- ZIP		- !	☐ Change	Addition	†
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		(Change	Addition	
13. I hereby of indicated of the corp	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trusted empower.	is filing does no qualify for the ue and accurate and that my ered to execute this report as	ie exemi signatur require	ption stated in Sect re shall have the sa d by Chapter 607, I	ion 119.07(3)(i), Florida Statut me legal effect as if made und Florida Statutes; and that my n	es. I further certifier oath; that I am ame appears in	y that the into an officer of Block 11 or	formation or director Block 12 if	