## FOR PROFIT CORPORATION UNIFORM BUSINESS DEPORT (UP

## FILED May 02, 2002 8:00 am Secretary of State

DOCL	JMENT # F42392	IL35 REFOR	1 (UE	ok)	05-02-2002 90	0120 017 ***150.00
1. Entity Na		P.A.	J			
	DO NOT WRIT	E IN THIS S	SPAC	E		
2. Principal	Place of Business	3. Mailing Address	-dia-			
3175 S. Congress Ave.		3175 S. Congress Ave.				
Suite, Apt. #, etc. Suite 301		Suite, Apt. #. etc. Suite 301			DO NOT WRITE IN	THIS SPACE
City & State Palm Springs, FL		Palm Springs, FL			4. FEI Number 59-2121549	Applied For
Zip 33461	Country U.S.A.	Zip 33461	Country	•	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required
Section Control		் பட்ட க பழிக்கோட்டிற்க	- ( (max) 2 m		-7. Name and Address of Current Regis	
	DO NOT V	VRITE		Name KENNETH	B. CRENSHAW	
	IN THIS S	Effective the Committee of the Committee		Street Address 3175 S. SUITE 30	(P.O. Box Number is Not Acceptable) CONGRESS AVENUE	
				City PALM	SPRINGS	FL 333461e
8. The above	named entity submits this statement	for the purpose of changing it	s registered	office or registe	ered agent, or both, in the State of Florida.	-
سسر SIGNATURE	~ <b>*</b>					
	Signature, typed or printed name of registered ager		TE: Registered A	gent signature require	nd when reinstating)	ATE UNION ALCOHOLOGY
Tax filing:	oration is eligible to satisfy its inlangib requirement and elects to do so: ria on back)	e January 1 - After May Amende	May 1 Fee / 1, Fee Is ed UBR is	is \$150.00 \$550.00 \$61.25	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11.	OFFICERS AND		pie to Deb	artment of Sta		
TITLE NAME	President + Director		TITLE			ξ
STREET ADDRESS CITY-ST-ZIP	Crenshaw, Kenneth 1 3175 S. Congress Av Palm Springs, FL 33	ve., Ste. 301 3461	NAME STREET A CITY-ST			CR2F134R (12/01)
TITLE NAME			TITLE			
STREET ADDRESS CITY-ST-ZIP			NAME STREET A CITY-ST	THE RESERVE OF THE PARTY OF		i i i i i i i i i i i i i i i i i i i
TITLE			TITLE		eriikaan karaakin ja pohiliperintas. Ainaa ii taraakin markan maraa maraa ka k	
NAME STREET ADDRESS*	<u></u>	٠	NAME			al distriction
CITY-ST-ZIP			STREET A	į.	DO NOT WE	RITE
TITLE NAME			TITLE		IN THIS SPA	\CE
STREET ADDRESS			NAME. Street a	DDRESS	III THIO OF	1CL
CITY-ST-ZIP			CITY-ST-	ZIP		
TITLE NAME			TITLE NAME			
STREET ADDRESS City-St-zip	4.		STREET AL	DDRESS		
IITLE .	** * **		CITY-ST-	ZIP		
NAME	* Total	· <del>=</del> - : ₹ · <b>↓</b>	TITLE NAME			
STREET ADDRESS			STREET AC	ZIP		
or the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp t with an address with all other like en	powered to execute this sense	the exempti ny signature t as required	ion stated in Sec shall have the s d by Chapter 60	ction 119.07(3)(i), Fiorida Statutes. I further lamé legal effect as if made under oath; tha 17. Fiorida Statutes; and that my name appe	certify that the information I am an officer or director ears in Block 11 or on an
SIGNAT	JRE: SIGNATURE AND TYPED OR P	WHATELE SERVING OFFICER OF	ENNET BRIBECTOR	NB.CRE	NSHAW4/22/02 561	-439-6100

Date

Daytime Phone #