2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENTA# F77392 1. Entity Name 125 Act 10							Feb 02, 2000 8:00 am Secretary of State 02-02-2000 90122 035 ***150.00			
Principal Plac 1000 1ST AVE #2A BRADENTON FI	W. L 34205	ss 0₽ <i>F5.5 (</i> *)	Mailing Address 1000 ST AVE W. #2A BRADENTON FL 34205-7852					1 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180 180	III BIBU BABU BIBU BI	1)) a san: Nadi
2. Principal P	lace of Busi		3. Mailing Address 7/50 N. TAMIAMI TR. Suite, Apt. #, etc.			2.	DO NOT WRITE IN THIS SPACE			
City & State SARASOTA FL.		City & State JARASOTA FL.				4. FE	59-2270128	XN	oplied For ot Applicable	
34243		Country MANATEE e and Address of Current F	Zip 34243	Country MANATEE		EE		rtificate of Status Desired me and Address of New Registe	\$8.75 Add	
<u>-</u>		Name		7. 140	ille and Addition of New Hogiste	- Agent				
1100	HAM, CYN) 1ST AVE DENTON F	. West #2A			Street A	ddress (P.0	O. Box	Number is Not Acceptable)		
DRAI	DEMICIAL	-L 34203			City				FL Zip Cod	le
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 .	Signature, type	d or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signati	ne required wh	hen reins	stating) D	ATE	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00		Election Campaign Financing Trust Fund Contribution.		O May Be d to Fees
11,		OFFICERS AND D		12.	-1-101		ADD	ITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS	1100 1S	I, CYNTHIA B T AVE. WEST #2A	☐ Delete		E Et address		n.	8-GRAHAM TAMIAMI TR.	t Change	Addition
TITLE NAME STREET ADORESS	VP GRAHAM, ROBERT C 1100 1ST AVE. WEST #2A		☐ Delete	TITLI NAM	TITLE VP		RT.	e. GRAHAM TAMIAMI TR	⊠ Change	Addition
CITY-ST-ZIP		TON FL 34205			-ST-ZIP	SARA	'ص2ا	74 FL 34243		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	∨ ₽	, a, cón e e e e es	~ - ⊡·Delete			7150	Λ.	S C. GRAHAM TAMIAMITR. TA FL. 34243	- → Change	⊠ Addition:
TITLE NAME STREET ADDRESS : CITY-ST-ZIP			☐ Delete				;		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
indicatéd of the cor	on this repo poration or	ort or supplemental report is t	true and accurate and that maked the second true and accurate this report of the second second the second s	ny signa: as requi	ture shall h	ave the sar	me led	9.07(3)(i), Florida Statutes. I furthe gal effect as if made under oath; the Statutes; and that my name appe	nat I am an officer	or director

EII ED

1-27-00

941 · 355 - 278/ Daytime Phone #