2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F80195 1. Entity Name								FILED Apr 16, 2001 08:00 AM					
		TING, INC.						Seci	retary	of St	ate		
Principal Place 360-3RD ST.,N. P O BOX 980 WINTER HAVI 33882	.W.	S	,	Mailing Address P. O. BOX 980 P O BOX 980 WINTER HAVEN 338820980	us	FL					·		
2. Principal P		ness		3. Mailing Address P. O. BOX 980									
Suite, Apt.	#, etc.			Suite, Apt. #, etc.	112				DO NOT W	RITE IN THIS	SPACE	–	
City & State WINTER HAVI		FI	,	City & State WINTER HAVEN		FL		FEI Number 9-220827	7		 ;-	Applied For Not Applicable	
Zip 33881		Country		Zip 338820980	Coun	itry	5.	Certificate of	Status Desire	d \square	\$8.75 A		1
33001	6. Name	!	of Current Re	egistered Agent			7.	Name and Ad	dress of Nev	w Registered	Fee Requi	rea	-
BURR GEO	ORGE L. IV					Name	u cec	DOE IND	E.C.				1
BURR, GEORGE L.,IV 360-3RD ST.,N.W.						BURR, I		Box Number is		ıble)		 -	-
			_			360 3RD							_
WINTER H 33880	AVEN		FL										
33000					City	R HAVEN			FI	Zip Co			
8. The above	named entit	ty submits_this st	atement for t	he purpose of changing its	registere			gent, or both, i	n the State of	Florida.	33881		1
SIGNATURE .		RGE L. "D								- 04/10	6/2001		
	Signature, typed	or printed name of reg	istered agent and	I title if applicable. (NOT	E: Registere	d Agent signatu	re required when	reinstating)		DATE			
Tax filing r	_	pible to satisfy its and elects to do	~	FILE NOW After MAY 1, 20 Make Check Payal	01 Fee	will be \$5	50.00		on Campaign Fund Contribu			.00 May Be ed to Fees	
11.		OFFIC	ERS AND D	RECTORS	12.		A	DDITIONS/CH	ANGES TO C	OFFICERS AN	ID DIRECTO	RS IN 11	1
TITLE NAME	VP BURA	TEESA	Y	☐ Delete	TITLI NAM	E	VP BURR	TERESA	Y		X Change	Addition	E034 (11/00)
STREET ADDRESS CITY-ST-ZIP	WINTER	RD ST NW HAVEN		FL 33881		ET ADDRESS - ST-ZIP	360 THIRI WINTER I			FL	33881		E034
TITLE NAME	P BURR, G	EORGE L., IV		☐ Delete	, TITLE NAM		P BURR GE	CORGE L., IV			X Change	Addition	CR2
STREET ADDRESS	360-3RD					ET ADDRESS	360 THIRI						
CITY-ST-ZIP	WINTER	HAVEN		FL	CITY	-ST-ZIP	WINTER I	HAVEN		FL	33881		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	e]
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP					☐ Change		
of the cor changed,	poration or t or on an att	nt or supplement he receiver or tru achment with an	at report is trustee empow address, wit	nis filing does not qualify fo ue and accurate and that i ered to execute this report in all other like empowered	my signai as redui	fiire chail h	ava tha come	Lienal ettect sc	if mada und	ar anth, that I	am an office	or or director	
SIGNAT	URE: _	George L. "I		, IV	OR DIRECT	TOR		Р (04/16/2001 Date		Daytime Phone :	<u> </u>	

Daytime Phone #