2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9300000611

FILED Jan 17, 2001 8:00 am

| | 1. Entity Nar | me | MENT, INC. | 000011 | | | | Secretary 0 01-17-2001 90087 02 | | tate | <u>,</u> |
|--|--|--------------------------------------|-------------------------------|-----------------------------------|-----------|--|----------|--|---------------------------------|--------------|--|
| 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, effo Suite City & Suite City City | Principal Plac | ce of Busines | S | Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE | | | | | | | | - | - ~ u 3 | not | |
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| City & State Country Country Se. Contriction of Status Desired Se.75 Additional Fernicated Final Regulated Agent Name Name Name Name Streat Address of New Registered Agent Name Streat Address (P.O. Box Number is Not Acceptable) Total PL Total Country Streat Address (P.O. Box Number is Not Acceptable) Total City FL Zip Code Total Total Country Signature Streat Address Agent sociates is calculated wor installated Total Country Streat Address Agent sociates is calculated wor installated Signature Signature Signature Signature Signature Streat Agent Signature Signa | Principal Place of Business 3. Mailing Address | | | | | _ | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Register | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | \dashv | DO NOT WRITE IN | THIS SPAC | DE | |
| Signature Committee and State State Current Registered Agent | City & Sta | te | | City & State | e | | | FEI Number 59-3110183 | | | - |
| HEYDON, JERRY L 347 NEEDLES TRAIL LONGWOOD FL 32779 | Zip | | Country | Zip | Zip Count | | | Certificate of Status Desired | | 75 Add | ditional |
| Name Street Address (P.O. Box Number is Not Acceptable) Street Address Street Addr | | 6. Name | and Address of Curren | t Registered Agent | | T | 7, 1 | Name and Address of New Regist | | | <u> </u> |
| Addition 147 NEEDLES TRAIL LONGWOOD FL 32779 City FL Zip Code | | | | 2 | | Name | - • • | Ingial | | - | |
| 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 Fonda. Signature 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. See criteria on back Payable to Department of State Payab | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature | LONGWOOD FL 32779 | | | | | | | | | | |
| SIGNATURE 9. This corporation is eligible to satisfy its Intangible (Sourchier and letex to do so. (Sourchier and letex to do sourchier | | | | | | | | | FL | Zip Cod | е |
| Make Check Payable to Department of State Trust Fund Contribution. Added to Fees Addition | 9. This corp | Signature, typed oration is eligi | ble to satisfy its Intangible | e FILE NOV | V!!! FEE | IS \$150.00 | | | | \$5.0 | 0 May Be |
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| , and the state of | | certify that the | information supplied wit | h this filling does not qualify t | | | Section | 119.07(3)(i), Florida Statutes I furth | er certify th | nat the in | formation |