## FILED **UNIFORM BUSINESS REPORT (UBR)** May 07, 2002 8:00 am Secretary of State DOCUMENT # F95000001552 05-07-2002 90236 039 \*\*\*158.75 DO NOT WRITE IN THIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FE! Numbe Applied For Not Applicable Country Zip Country \$8.75 Additional OKALOOSA Fee Required Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SDAM WINDSTONE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE PRES. (PCD) BILE NAME FOUNTAIN, MIRANKA 2324 WINDSTONE DR. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL. 3250L CITY-ST-ZIP TITLE TILE NAME NAME 1, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE SEC. TITLE NAME 1) NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TRES. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. (Marka SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O