## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: MAIL SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCU  1. Entity Nam  G.P. SHIF		F95000	002599		J	Secretary 08-24-2001 90004			
Principal Place of Business  MAIN AND POPLAR STREETS  SPRING CITY PA 19475		Mailing Address MAIN AND POPLAR STREETS SPRING CITY PA 19475				<b>11</b> 11 <b>1111 1111 1111 1</b>	A)   A   A   A   A   A   A   A   A   A		
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For Applied For			
City & Stat	<u> </u>		Zip Country			23-2789485	No. \$8.75 add	t Applicable	
	!		· · · · · · · · · · · · · · · · · · ·	- I" -		Certificate of Status Desired	Fee Required		
Name and Address of Current Registered Agent				Name	7. r	7. Name and Address of New Registered Agent			
SMITH, DENIS 557 ELKCAM CIRCLE				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
MARCO ISLAND FL 34145				City			FL Zip Code	9	
					00 e \$750.00	10. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be to Fees	
11.		OFFICERS AND DIF		12.	AD	I DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BEVINGTON, 0 554 GILBERTS GILBERTSVILL	SVILLE ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVINGTON, E 554 GILBERTS GILBERTSVILL	WILLE ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
CITY-ST-ZIP	S SMITH, MARK MAIN AND PO SPRING CITY	PLAR STREETS	Oelete-	NAME STREET ADDRESS CITY-ST-ZIP		The same page and the same and	Change	- E Addition.	
	FERGUSON, D MAIN AND PO SPRING CITY	PLAR STREETS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition {	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
of the corp	on this report or s poration or the rea	supplemental report is tru	e and accurate and that my : red to execute this report as	signature shall ha	ave the same li	l 19.07(3)(i), Florida Statutes. I furthe egal effect as if made under oath; th da Statutes; and that my name appe	at Lam an officer o	or director - L	