201 UNIFORM BUSINESS REPORT (UBR)

CUMENT # F9900004586 *

FILED Feb 20, 2001 8:00 am Secretary of State

| ### Place of Business 14 EAST 19th STREET 14 MARKS OTT NO 64106 2. Principal Place of Business Suite, Apt. 4, etc. Country Country Country Country S. Confisculate of Switch Depicted Res Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City A State City A | ESTERNCE, INC. | | | | | | ~ | 02-20-2001 9 | - | | | |
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| Suite. Apt. #, etc. Cary & State | 14 EAST 197 | th street | 1014 EAST 19TH STREET | | | | | | | | | |
| City & State City & State Country See 75 Additional File Requisitered Agent C T CORPORATION SYSTEM C T C C C C C C C C C C C C C C C C C | 2. Principal F | Place of Business | 3. Mailing Address | | - | ~ | | | | | | |
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| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH FINE RILAND ROAD PLANTATION FI. 33324 City FL Zip Code City FL Zip Code | Zip Country | | Zip Country | | | | Not Applie | | | | | |
| C T COPPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code | | | | | I | <u> </u> | | | | e Require | |] |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code | | 6. Name and Address of Current R | egistered Agent | | Name | 7. | Name and A | ddress of New R | egistered Ag | ant | | |
| PLANTATION FL 33324 City FL Zip Code 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 Symmen, byed of infrince finance of registered excitle it spoticible. Post in a corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) PLE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State POD Make Check Payable to Department of State POD Make Check Payable to Department of State POD MILE SHULT, JAMES E SIREF ADDRESS SINUT, JAMES E SIREF ADDRESS | | | | | Ĺ | | | | | | | 1 |
| 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 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State FILE NOW!! FEE IS \$150.00 FILE NOW! FEE IS \$150.00 FILE NOW!! FEE IS \$150.00 FILE NOW! FEE IS \$150 | | | | | · | | | | | | | 1 |
| Signature Sign | | | | | City | | | | FL | Zip Cod | e | |
| 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE POD SHULTZ, JAMES E STREET ADDRESS 1014 EAST 15TH STREET CITY-ST-2P ITILE A AUGULATIER, WILLIAM M STREET ADDRESS CITY-ST-2P CITY-ST-2P ANAME SUBLATIER, WILLIAM R III STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P SANONASAS CITY MO 64112 TITLE D SANONASAS CITY MO 64112 TITLE D SANONASAS CITY MO 64112 TITLE D STREET ADDRESS CITY-ST-2P TITLE D SANONASAS CITY MO 64108 TITLE D SANONASAS CITY MO 64108 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CI | 8. The above | named entity submits this statement for | the purpose of changing its | register | ed office or | registered ag | gent, or both. | in the State of Flo | rida. | • | | |
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| 9. This corporation is eligible to setisfy its intangible Tax filing requirement and elects to do so. (See criteria or back) After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. | SIGNATURE | Signature, typed or printed name of registered agent an | d title if applicable. (NOTS | : Registere | d Agent signati | ure required when r | reinstating) | | DATE | | | |
| Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Ture Fund Contribution. Added to Feess 11. OFFICERS AND DIRECTORS 12 | | | T | | | | Τ | | | | | ١ |
| Make Check Payable to Department of State | , , , , , , , , , , , , , , , , , , , | | | | | | | | | | | |
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| | | | nis filing does not qualify for | | | ed in Section | 119.07(3)(i). F | lorida Statutes. I | further certify | that the in | formation | |

accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if EDRA empowered. indicated on this report or supplem of the corporation or the receiver of changed, or on an attachment with