2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006012



FILED Mar 20, 2003 8:00 am Secretary of State

### STATE OF THE S	1. Entity N			G COMPANY, INC.			03-20-2003 90	100 004 ***15	
Sultio. Apt. #, etc. City & Susta	222 WEST LAS COLINAS. SUITE 1250 222 WEST LAS COLINAS				5. SUITE 1250				
Sultio. Apt. #, etc. City & Susta	2. Principa	I Place of Business	· · · · · ·	3. Mailing Address					
Solite Appl. 600. City & State City & Stat				1040 Crown Point	PKwy #1	040		aarri sarri aarra arrif 68	181 11918 118F 188F
Zip Country				Suite, Apt. #, etç.			CHECK HERE IF	MAKING CHANGE	ES
So. Number and Address of Current Registered Agent So. Name and Address of Current Registered Agent TALLAMASSEE FL 32301-0000 City FL 21p Code 6. The above named entity submits this statement for the purpose of chenging its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgations of registered agent, or both, in the State of Florida. I am familiar with, and accept the childs agent a	City & State			1 A			75-2844357		
NATIONAL CORPORATE RESEARCH,LTD, INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Bovaria, faced or pinistr name of registered agent protons is agents. FILE NOW III. FEE IS 150.00 1 After May 1, 2003 Fee will be \$550.00 1 After May 1, 2003 Fee will be \$550.00 1 After May 1, 2003 Fee will be \$550.00 1 All Control of Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. SIRRET AUGUSTS 10. STREET AUGUSTS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. 19. ADDITIONS/CHANGES TO OF	Zip	Coun	try	Zip	Country		5. Certificate of Status Desired	□ \$8.75 /	Additional
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Sired Address (P.O. Box Number is Not Acceptable) Oity 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the	NACOTALA	AL CODDODATE 55	NEADOLL		Name	•			
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	2. Thereby c	certify that the information	on supplied with this	filling does not qualify for the		ladia O	140.07(0)(1)		

of the corporation or the rectiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: