2002 UNIFORM BUSINESS REPORT (UBR)

Surie, Apt. W. etc. Surie, Apt. W. etc. Surie, Apt. W. etc. Surie, Apt. W. etc. City & State Country State Address of Country State Address of Country State Address of Status Desired Sa. 7.5 Applied Sa. Name and Address of Country State Address of New Registered Agent To Name and Address of New Registered Agent Nemo Street Address (P.O. Box Number is Not Acceptance) Street Address (P.O. Box Number is Not Acceptance) Separate Species of Proceedings submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature Species of present agent and time figure case. Signature Species of Proceedings and State of State State of Proceedings and State State of Proceedings and State State of Proceedings and State State State State of Proceedings and State Sta	1. Entity Nam	MENT # G014(SEASONS CORPORATION	64				٠	Secreta 1 01-31-2002 90	ry of	f St	ate
Suite, Apt. if, etc. Suite, Apt. if, etc. Suite, Apt. if, etc. DO NOT WHITE IN THIS SPACE City & State City & State A. FEI Number 59-2222680 Application of State A. FEI Number 59-2222680 A. FE	8014 SW 135TH ST RD OCALA FL 34473		8014 SW 135TH ST RD STE 700 OCALA FL 34473								
City & State City & State City & State Country Country Country Country St. C	2. Principal Place of Business		3. Mailing Address								
Specificate of Status Desired S8.75 Addition S8.75	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Signal Audition Country Country Country S. Certificate of Status Desired S. Address of Current Registered Agent Name Name Name Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Synams, lipsor or orized have all eigestered agent and line if aprilation. PATE Suppose, lipsor or orized have all eigestered agent and line if aprilation. After May 1, 2002 Fee will be \$55,00 Make Check Payable to Department and elects to do an address to	City & State		City & State			4. F	FEI Numb	er 59-2222680			plied For t Applicable
6. Name and Address of Current Registered Agent HUMMERHIELM, SHARON J 989 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 City FL Zip Code 6. 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. Signatura, based to presed name of ingresses agent and text lest registered office or registered agent, or both, in the State of Florida. Signatura, based to presed name of ingresses agent and text lest registered office or registered agent, or both, in the State of Florida. Signatura, based to presed name of ingresses agent end title if registance. 9. This corrioration is eligible to satisfy its Intangible Tax Hilling requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 After May 1, 2002 Fee will be \$550,00 After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in THE START ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS in THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS IN THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS IN THE NAME SIRES ADDITIONS CHANGES TO THE OFFICERS AND DIRECTORS IN THE NAME ADDITIONS CHANGES TO THE NAME ADDITIONS CHANGES TO THE NAME ADDITIONS CHANGES	Zip	Country	Zip	Count	try	5. (Certificate	of Status Desired		.75 Add	litional
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-574-0999(x25)