FILED Apr 11, 2003 8:00 am

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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| | IENT # 63040 | | | | Secretary of State 04-11-2003 90169 023 ***150.00 | | |
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| 2. Principal Plan | | 3. Mailing Address | | 等证别的 | | | |
| Suite, Apt. #, | LANDERSON DR etc. #207 | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | 0 4 5/ | City & State | | 4. FEI | 4. FEI Number S 7 2 2 8 1 0 7 Applied For Not Applicable | | |
| ORMOU Zipan | COUNTY LUSTA | Zip | Country | | tificate of Status Desired 7 \$8 | Not Applicable .75 Additional | |
| <u> </u> | VE LIVIT | | San Maria (Maria) | 7. Name | e and Address of Current Registered Ag | Required ent | |
| | | | Name J | AN | T. BONNEVICE | / | |
| | DO_NOT_W | RIJE | Street Address (P.O. Box Number is Not Acceptable) # 207 | | | | |
| , | IN THIS SP | ACE | _ | | BEACH | | |
| į. | | | City | 7000 | FL | Zin Code 76 | |
| | amed entity submits this statement for | the purpose of changing its r | egistered office or rec | gistered agent | , or both, in the State of Florida. I am famil | iar with, and accept | |
| tile obligation | or regioned agent. | | thon la | X | 4/9/2003 | | |
| SIGNATURE | gnatyre typed or printed name of registered epent an | nd title if applicable. (NOTE: | Registered Agent signature re | equired when reinsta | | | |
| A | ary /1 - May 1 Fee is \$150.00 Ref May 1, Fee is \$550.00 Amended UBR is \$61.25 ayable to Florida Department of : | State | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND D | State of the state | | tilke itte in kentingt giv | | order () with the second of t | |
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reflect vertily that the information report of supplied with this print does not repeatly for the exemption stated in Section 119.07(3)(i). Florida statutes, i further certily that the information indicated on this report of 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: