Principal Place of Business       Making Address         2111 S0 US L DRFTWOOD PLZA JUPTER R. 3377       Status D. S. DRFTWOOD PLZA JUPTER R. 3377         22. Principal Place of Business       3. Melling Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         20. Principal Place of Business       3. Melling Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         20       -Country         6. Name and Address of Current Registered Agent         NARSHALL, MARK       State         167 SEARREEZE CIR       Street Address (P. O. Box Number is Not Acceptable)         JUPTER FL 33477       Street Address (P. O. Box Number is Not Acceptable)         Street Address (P. O. Box Number is Not Acceptable)       Other         Street Address (P. O. Box Number is Not Acceptable)       Other         Street Address (P. O. Box Number is Not Acceptable)       Other         Street Address (P. O. Box Number is Not Acceptable)       Other         Street Address (P. O. Box Number is Not Acceptable)       Other         Street Address (P. O. Box Number is Not Acceptable)       Other         Street Address (P. O. Box Number is Not Acceptable)       Other         Street Address (P. O. Box Number is Not Acceptable)       <	OCUN Entity Name	UNIFORM BUSI MENT # G43081 RAVEL, INC.		FILED Jan 23, 2001 8:00 am Secretary of State 01-23-2001 90031 046 ***150.00		
UNITER FL 33477 US  2. Principal Pace of Budiness 3. Making Address 3. Making Addres	Principal Place of Business 2111 SO. US I. DRIFTWOOD PLAZA JUPITER FL 33477		2111 SO, US I. DRIFTWOOD PLAZA JUPITER FL 33477 US			
Suite, Apr. #, etc.     Suite, Apr. #, etc.     DO NOT WRITE IN THIS SPACE       City & State     City & State     4. FEI Number 59-228560       Zip     -Country     & Certificate of Status Deeired     S8.75       Zip     -Country     & Certificate of Status Deeired     S8.75       R. Name and Address of Current Registered Agent     Name     Name and Address of New Registered Agent       MARSHALL, MARK     Street Address of New Registered Agent     Name       MARSHALL, MARK     Street Address (P.O. Box Number is Not Acceptable)     UP       JUPTER FL 33477     City     FL       SignATURE     FLE ADDRESS     Mark Mark Mark Mark Mark       SignATURE     FLE ADDRESS     Mark Check Payable to Beatment of Status Indext for Status Index for Status Indext for Status Indext for Status Index for Status					. SADATES AND THAN THAT THAT THE THE THE THE DATE AND AND THE REAL AND AND	
City & State Country						
Zip       Country       S. Certificate of Statue Desired       Statu			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Control of the c	· · · · · · · · · · · · · · · · · · ·				Not Applica	
MARSHALL, MARK 167 SEAGREEZE CIR JUPITER FL 33477     Name       Street.Address (P.O. Box Number is Not Acceptable)     City       City     FL       Zip C     City       City     FL       Zip C     City       City     FL       Street.Address (P.O. Box Number is Not Acceptable)       City     FL       City     FL       Street.Address (P.O. Box Number is Not Acceptable)       City     FL       Street.Address (P.O. Box Number is Not Acceptable)       City     FL       Street.Address (P.O. Box Number is Not Acceptable)       City     FL       Street.Address (P.O. Box Number is Not Acceptable)       City     FL       Street.Address (P.O. Box Number is Not Acceptable)       Street.Address (P.O. Box Number is Not Acceptable)       City     FL       City     FL       City     FL       City     FL       City     FL       City     FL       Marchall     City       Street.Address     Street.Address       Tas ting requirement and elects to do so.     Atter MAY 1, 2001 Fee Will be \$3550.00       Marchall     The       Marchall     Delde       The     Marchall stonoess       If 7 SEABREZE City	Zip			- Country -	5. Certificate of Status Desired Fee Required	
167 SEABREEZE CIR JUPITER FL 33477       Street Address (P.O. Box Number's Not Acceptable)         City       FL       Zip C         City       FL       City       City         The concess city       City       FL       City         The concess city       City<	Marshall, Mark 167 Seabreeze Cir			Name		
City     FL     Zip C       The above name is end. Submits this statement for the purpose of changing its registered agent, or both, in the State of Florids.     If City				Street Addre	ess (P.O. Box Number is Not Acceptable)	
The above name tentil Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords  Sourd o, fixe or privation of agent above the inspectation  This corporation is eligible to satisfy its Intragride  Tax (ting requirement and elicits to do so.  (See ortleria on back)  The OFFICERS AND DIFECTORS  TAX (Diffice CR)  MARSHALL, VICTORIA  RET ADDRES  TO ST ADDRES  TO AD					Zip Code	
IGNATURE IN The interval of product agent and the title if applicable. (Provide of product of product agent and the title if applicable. (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable. (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable.) (Provide of product agent and the title if applicable.) (Provide agent age	The above r		the purpose of changing its	<u>l                                 </u>		
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       Trust Fund Contribution.       Addition Campaign Financing Trust Fund Contribution.         Net Fi 200<	GNATURE		To title if applicable.	Registerer Agent Signature reg		_
TILE ST ITLE MARSHALL, VICTORIA Delete TITLE NAME STREET ADDRESS ITY-ST-2IP IDELET ADDRESS CITY-ST-2IP COMMENDATION OF COMMEND	Tax filing re (See criteria	equirement and elects to do so.	After MAY 1, 20 Make Check Payat	01 Fee will be \$550.0 le to Department of S	State Added to Fee:	
Ife7 SEABREEZE CIR JUPITER FL     STREET ADDRESS       ILE     Delete       MME     NAME       REET ADDRESS     STREET ADDRESS       TY-ST-ZIP     CITY-ST-ZIP       ILE     Delete       MME     NAME       REET ADDRESS     STREET ADDRESS       TY-ST-ZIP     CITY-ST-ZIP       ILE     Delete       MME     NAME       REET ADDRESS     STREET ADDRESS       TY-ST-ZIP     CITY-ST-ZIP       CITY-ST-ZIP     CITY-ST-ZIP       TY-ST-ZIP     CITY-ST-ZIP       TY-ST-ZIP     CITY-ST-ZIP       TY-ST-ZIP     CITY-ST-ZIP       TLE     Delete       TY-ST-ZIP     CITY-ST-ZIP       TREET ADDRESS     STREET ADDRESS       TY-ST-ZIP     CITY-ST-ZIP       TLE     Delete       TY-ST-ZIP     CITY-ST-ZIP       TLE     Delete       TY-ST-ZIP     CITY-ST-ZIP       TTLE     NAME       STREET ADDRESS     CITY-ST-ZIP       TY-ST-ZIP     CITY-ST-ZIP       TLE     Delete       TY-ST-ZIP     CITY-ST-ZIP       TLE     Delete       TY-ST-ZIP     CITY-ST-ZIP	E	ST			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	dáition
TLE Delete TITLE NAME REET ADDRESS TT-ST-ZIP TLE Delete TITLE CITY-ST-ZIP TLE CITY-ST-ZIP	EET ADDRESS	167 SEABREEZE CIR		STREET ADDRESS		
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AME     NAME       REET ADDRESS     STREET ADDRESS       ITY-ST-ZIP     CITY-ST-ZIP       ILE     Delete       REET ADDRESS     STREET ADDRESS       ITY-ST-ZIP     CITY-ST-ZIP       ILE     Delete       ITY-ST-ZIP     CITY-ST-ZIP       ILE     Delete       ITTLE     CITY-ST-ZIP       ILE     Delete       ITTLE     CITY-ST-ZIP       ILE     Delete       ILE     Delete       ITTLE     CITY-ST-ZIP	AE EET ADDRESS		Delete	NAME STREET ADDRESS	Change Ad	Idition
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	e Ie Eet address		Delete	TITLE NAME STREET ADDRESS	Change 🗌 Ad	ldition
Y-ST-ZP 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 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 officiated or or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 changed, or on an attachment with all other like empowered.	l hereby ce indicated c of the corp	on this report or supplemental report is t poration or the receiver or trustee empoy	true and accurate and that r wered to execute this report	the exemption stated in signature shall have the	e the same legal effect as if made under oath; that I am an officer or direct	ctor