## FOR PROFIT CORPORATION WINIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # H62895  1. Entity Name				05-27-2002 90432 027 ***150.00		
435 CORPORATION						
क्षेत्रक का रहा ज				<u></u>		
DO NOT WRITE IN THIS SPACE						
Principal Place of Business     3. Mailing Address				4		
435 FOOTMAN LANE		435 FOOTMAN LANE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State MERRITT ISLAND, FL		City & State MERRITT ISLAND, FL		4. FEI Number 59 - 2544341	Applied For Not Applicable	
Zip	Country	Zip	Country	<u> </u>	\$8.75 Additional	
32952	BREVARD	32952	BREVARD	Certificate of Status Desired	Fee Required	
		1.9 - 1.04 is a medical and transplant control	Name	7. Name and Address of Current Register	ed Agent	
The second of th				K. BJERNING		
ESSENTING THE CONTROL OF THE SECOND PROPERTY OF THE PROPERTY O				(P.O. Box Number is Not Acceptable) 'TMAN LANE		
IN THIS SPACE						
City MERRITT ISLAND FL 32952						
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE						
9. This corporation is eligible to satisfy its Intangible  Arter, May 1, Fee is \$150.001  Arter, May 1, Fee is \$550.00  10. Election Campaign Financing \$5.00 May Be						
_	equirement and elects to do so.	Amer	ded UBR is \$61.25	Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND	T. P. WENNERS AND CARREST AND THE SERVICE STREET	yable to Department of S			
TITLE	PRESIDENT	DIRECTORS	TITLE 2: 323			
NAME	PATRICIA BJERNING		NAME			
STREET ADDRESS	435 FOOTMAN LANE		STREET ADDRESS			
CITY - ST - ZIP	MERRITT ISLAND, FL 32952		CITY - ST - ZIP			
TITLE	SECRETARY		TILE 7			
NAME STREET ADDRESS	EUGENE K. BJERNING 435 FOOTMAN LANE		NAME STREET ADDRESS	ur Caralle (Const.) e Grader por la cologia del 1916 e 1916 e Maria Sali (Const.) en francesa e maria del 1916 e 191	de Secondo de Como	
CITY - ST - ZIP	MERRITT ISLAND, FL 32952		COTY-ST-ZIP	e de la després de la company de la comp	des des estados	
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NAME	,		NAME .			
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CITY - ST - ZIP			CITY ST ZIP*			
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STREET ADDRESS	** * .	•	STREET ADDRESS			
13   bereby ce	ertify that the information supplied w	ith this filing door not ave	CITY ST ZIP	d in Section 119 07(3)(i) Electe Statute 15	urther certify that the	
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 on an attachment with an address, with all other like empowered.						
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1