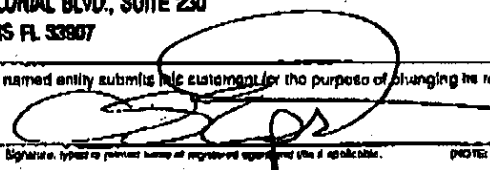



Rx Date/Time JUN-14-2002(FRI) 16:13 194179  
 JUN-14-02 FRI 03:03 PM ANDREW S EPSTEIN & ASSOC FAX NO.  
 JUN-14-2002(FRI) 12:28 BILL VERNAY INC.

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90051 008 \*\*\*150.00

5/23

**2002 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # J43643</b>				93893	
1. Entity Name <b>ALL THE WAY WITH BILL VERNAY, INC.</b>					
Principal Place of Business <b>5874 ENTERPRISE PARKWAY FT. MYERS FL 33905 US</b>		Mailing Address <b>5874 ENTERPRISE PARKWAY FT. MYERS FL 33905 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2741071</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	5. Certificate of Status Declared <input type="checkbox"/> \$0.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>HOLMES, STEVEN D SOUTH FLORIDA BANK BUILDING 1500 COLONIAL BLVD., SUITE 230 FT. MYERS FL 33907</b>			7. Name and Address of New Registered Agent Name <b>Epstein, Andrew S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2120 McGregor Blvd.</b> <b>%Andrew S. Epstein &amp; Assoc. PA</b> City <b>Ft. Myers, FL</b> Zip Code <b>33901</b>		
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  6-14-02 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signatures required when reappointing.)</small>					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!! FEE IS \$150.00 After May 1, 2002 Fee will be \$250.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERAY, WILLIAM E SR 4991 HIGGINS BATHAM ROAD FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERAY, WILLIAM E. SR 4991 Higginbotham Rd Fort Myers, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ORDER# (NOT)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VERNAV, GLORIA M. 4991 HIGGINS BATHAM ROAD FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Vernay, Gloria H. 4991 Higginbotham Rd Fort Myers, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNAV, KELLY ANN 4991 HIGGINS BATHAM ROAD FORT MYERS FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vernay-Gonzales, Kelly Anne 3651 Batoman Rd Alva, FL 33920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		Kelly Vernay-Gonzales		4/29/02 941-693-8700	