## 2001 UNIFORM BUSINESS REPCRT (UBR)

## FILED Jul 10, 2001 8:00 am Secretary of State

1. Entity Nar	IMENT # K 319 WHIS CONNEL		4.	1 <b>ry 01 S</b> 90006 041 ***1			
Principal Place of Business  957 MARLIN DRIVE  JUPITER, FL 33458				B0059911			
2. Principal i	Place of Business	3. Mailing Address					
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.		DO NOT WRIT	E IN THIS SPACE		
City & Stat	ie .	City & State		4. FEI Number 65-006799	7	Applied For	}
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 A	dditional	
	- 6. Name and Address of Current R	egistered Agent		~= 7. Name and Address of New R	egistered Agent		1_
DENNIS CONNEL			Name		1		
957 MARLIN DRIVE			Street Address	ddress (P.O. Box Number is Not Acceptable)			
Ju	IPITER, FL	33458					
			City		FL Zip Co	ode	
SIGNATURE  9. This corporate fax filing in (See criter)	E grature, typed or nonten name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!  After MAY-1201  Make Check Payab!	PRES for some Agent so value reque FEE 18 \$150.00 Fee will be \$550.00 to Department of St	10. Election Campaign Finance  Trust Fund Contribution	DATE ancing \$5.	00 May Be	
	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFI			ត
TITLE NAME STREET ADDRESS C:TY-SI-ZIP	PRES DENNIS L. CON 957 MARLIN JUPITER, FL	Delete  VAEL  DRIVE  33458	THLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	CR2E034 (11/00)
TITLE HAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	A ddition	క
DITLE NAME		☐ Delete	BITLE		☐ Change	☐ Addition	
S REEL ADDRESS C TY-S7-ZIP	فيوسرون مع بحول بدين وينته في موسوس المها		STREET ADDRES CITY-SI-ZIP	ئە ئىسچىنىدىن بېدى . ئەشەرسىي ھەرەب ئېرى سى			-
T TLE NAME STREFT ADDRESS CTY-ST-ZIP		☐ Delete	TITLE TIAME STREET ADDRESS CITY-S1-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS		☐ Change	☐ Addition	
CITY-SI-ZIP			CITY-ST-ZIP		<u>;</u>		
TIFLE NAMI STREET ADDRESS		☐ Defete	TITLE NAME CORRET ADDRESS		☐ Change	☐ Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
Indicated (	er ify that the information supplied with the or this report or supplemental report is to be attion or thereceiver or trustee empowers.	ue and accurate and that my	signature shall have the	same legal effect as if made under pa	th that Lamian office	or director 1	

DENNIS L. CONNEL