## **2002 UNIFORM BUSINESS REPORT (UBR)**

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREAT ADDRESS CITY-ST-ZIP TITLE NAME	<del></del>	2 UNIFORM BUS		RT	(UBR	<u>}</u>	FI Mar 24, 2	LED 2002	8:0	0 am	0396813
Principal Place of Business					Secretai	v of	Sta	te	_		
7. WILLOW RD PO BOX 4598 TEOLESTA R. 33469 Solito. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  City &	•		PORATED				03-24-2002 90	0031 010	***150.	00	8
7. WILLOW RD PO BOX 4598 TEOLESTA R. 33469 Solito. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  City &	Principal Plac	e of Business	Mailing Address		<u>.</u>						
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WHITE IN THIS SPACE  City & State  Set Policity   Set Country  Set Policity   Set Country  Set Policity   Set Country  Set Policity   Set Country  Streat Address of New Registered Agent    Name  STRAND, CHRISTOPHER P.  71 WILLOW RD  TEQUESTA FL 33489  City   FL   Zip Code  City   FL   Zip C	71 WILLOW R	O	PO BOX 4586								
Suito, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  So. Certificate of Status Desired  Sol. 75 Additional Fine Required  Sol. 75 Name and Address of New Registered Agent:  City  FL Zip Code  City  FL Xip Code  City  City  City  FL Xip Code  City  City  FL Xip Code  City  City  City  City  FL Xip Code  City	TEQUESTA FL	L 33469	U\$	U\$							
Cry & State  City & State  City & State  City & State  City & State  Country  Countr	2. Principal P	Place of Business	3. Mailing Address	Mailing Address						011 61011 1001	
Stand Country   Stand Address of Current Registered Agent   Stand Desired   Status Desire	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Secondary   Seco	City & State		City & State			4.	FEI Number <b>65-0093538</b>	<del></del>			1
STRAND, CHRISTOPHER P. 71 WILLOW RD TEQUESTA FL 33469  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  9. This corporation is eligible to satisfy its Intangible Tax Ming conjunction and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INAME STRETADDRESS  TITLE  NAME STRETADDRESS  TITLE  VSD STRAND, CHRISTOPHER P. 71 WILLOW RD  TITLE  NAME STRETADDRESS  TITLE  NAME NAME STRETADDRESS  TITLE  NAME	Zip	Country	Zip	Coun	try	5.	Certificate of Status Desired		. <b>75</b> Add	itional	
STRAND, CHRISTOPHER P. 71 WILLOW RD TEQUESTA FL 33469  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 of previous name of registered agent and life is abditionable. (NOTE: Registered Agent quintous required when revealuring)  9. This corporation is eligible to satisfy its intrangible Tax filling requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Trust Fund Contribution. Addition  STRAND, Alse Th.  TITLE  STRAND, ANAET H.  TITLE  Delete  TITLE  Delete		6. Name and Address of Current	Registered Agent	· <del>~</del> ·		- 7	Name and Address of New Reg	istered Age	nt' = 👵		
TEQUESTA FL 33469  City FL Zip Code  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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREAT ADDRESS CITY-ST-ZP  TITLE VSD STRAND, JANET H. 17 WILLOW RD TEQUESTA FL 18 Delete 17 WILLOW RD 18 WILLOW RD 19 WILLOW RD 10 WILLOW	-	F				Iress (P.O. I	Box Number is Not Acceptable)			<u> </u>	
B. 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 preted name of registered agent and the # acclicable.   (NoTE: Registered Agent agressive required when remasking)   DATE		1 1-	Digital D)							<del></del>	
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, typind or initiate name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematishing):  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back):  IT. OFFICERS AND DIRECTORS  (See criteria on back):  PTD OFFICERS AND DIRECTORS  ITILE  PTD STRAND, CHRISTOPHER P. 71 WILLOW RD  TECUESTA FL. OFFICERS AND DIRECTORS  ITILE  VSD STREAMAD, JANET H. SIREET ADDRESS  CITY-ST-2P  TILE  Oelele ITILE  ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  OFFICERS AND DIRECTORS IN 11  TILE  VSD STREAMAD, JANET H. SIREET ADDRESS  CITY-ST-2P  TILE  Oelele ITILE  ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  SIREET ADDRESS  CITY-ST-2P  TILE  ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  ORDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1	120201	7.1.2.0000 E-i			City			FL	Zip Code		
9. This corporation is eligible to satisfy its Intangible TRLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$55.00 Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.	8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or re	egistered ag	gent, or both, in the State of Floric				<u> </u>
9. This corporation is eligible to satisfy its Intangible TRLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$55.00 Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.	SIGNATURE					_					
Tax filing requirement and elects to do so. (See Criteria on back)   Make Check Payable to Department of State   Section Campaight Financing   Section Campa			<del></del>				reinstating)	DATE			
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13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.	13. I hereby of indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that mo owered to execute this report a	the exer	mption stated ure shall hav	e the same	legal effect as if made under oat	h; that I am a	in officer o	or director	