2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCU 1. Entity Nam	MENT # K4839	FILED Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90070 029 ***150.00					0464423 AV			
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SP-2935456 Not Applica SP-2935456 SP-2935456 Not Applica 8. Name and Address of Current Registered Agent FUBALI, JAWDET 1345 S. MISSOURI AVE: CLEARWATER FL 33757 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing fits registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGN	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Add	City & Stat	e	City & State		_	4. FE	El Number 50-2935456		<u> </u>]
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1345 S. MISSOURI AVE. CLEARWATER FL 33757 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. 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. 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. 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. 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. 8. SIGNATURE 8. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Added to Fees and State or boach, or satisfy its Intangible Added to Fees and State or boach, or satisfy its Intangible Added to Fees and State or boach, or satisfy its Intangible 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 13. SIRER ADDRESS 907 HARBOR DRIVE 14. STREET ADDRESS 907 HARBOR DRIVE 15. STREET ADDRESS 907 HARBOR DRIVE 15. STREET ADDRESS 15. OFFICERS AND DIRECTORS IN 11. 15. OFFICERS AND DIRECTORS IN 11. 16. Election Campaign Financing Added to Fees and Added to		6. Name and Address of Current r	negistered Agent		Name	7. 194	aille and Address of New Re	gistered Ag	ent		┪
CLEARWATER FL 33757 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. SIGNATURE Signature, typad or printed reme of registered agent and steel if apolicative MOTE Registered Agent equation required when remaining DATE	, ,				Street Address	s (P.O. Bo	ox Number is Not Acceptable)				
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 9. This corporation is eligible to satisfy its intangable Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE NAME BICKEY, NICHOLAS STREET ADDRESS CITY-S1-2P SITUE VPST SIEDER ADDRESS SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRESS SIRECT ADDRESS CITY-S1-2P TITLE NAME SIRECT ADDRESS CITY-S1-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addit Addit ADDRESS CITY-S1-2P TITLE NAME SIRECT ADDRESS CITY-S1	= :	= '		-							-
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signature	OLEANIA	IIEN FE 33/3/		_	City				Zio Cod		-
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13. 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 Block 12	13. I hereby of indicated	on this report or supplemental report is	true and accurate and that	for the exemption the signature	ption stated in S re shall have the	e same le	gal effect as if made under or	th; that I am	an officer	or director	-