## 2002 UNIFORM BUSINESS REPORT (UBR)

MCDOWELL, FREDERIC P. 416 W. LANTANA RD. LANTANA FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1. Entity Name	MENT # K5707	<b>'9</b>		•	Apr 18 Secre 04-18-2	8, 2002 etary 0 002 90353 03	of Sta	ate	
Surie. Apt. e. etc.  DO NOT WRITE IN THIS SPACE  Applied For Into Applicable (City & State)  Typ Country 7p Country 8. Certificate of Status Desired 98.75 Additional Fee Required Fe	416 WEST LANTANA ROAD 416 WEST LANTANA ROAD					1 3 <b>3 3 1 3</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:- 	DJA 1848 Y 81812 1	1 <b>1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>	
City & State  Country  Tip  Country  Country  S. Cortificate of Status Desired  \$8.75 Additional  \$8.75 Additional  \$8.75 Additional  \$8.75 Additional  \$8.75 Additional  Feet Additional  Free Ad	2. Principal Pl	ace of Business								
Zip Country Zip Country	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Signature and elected to do so a fund reference and elected to do so a fundar report of back of back and elected to do so a fundar report of back of back and elected to do so a fundar report of back of the purpose of changing its registered agent, or both, in the State of Florida.    Signature (Incorporation is eligible to satisfy its Intangible (See entire) to back)   DATE (November 4 positions)   DATE (November 4 positio	City & State City & State					FEI Number <b>65-0207648</b>		<u> </u>		
MCGOWAN, RICHARD J. 416 WEST LANTANA ROAD LANTANA FL  8. The accover named entity submits this statement for the purpose of changing its registered Agent registered agent, or both, in the State of Florida.  SIGNATURE    Signature, hoped or prival name of registered agent and level 4 applications in the State of Florida.  SIGNATURE   Signature, hoped or prival name of registered agent and addition of the purpose of changing its registered Agent agreement and addition to the purpose of changing its registered Agent agreement and addition to the purpose of changing its registered Agent agreement and addition to the purpose of changing its registered Agent agreement registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hoped or prival name of registered agent and text of spot and text agreement agreement and addition to the purpose of changing its registered Agent agreement registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hoped or prival name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hoped or prival name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hoped or prival name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hoped or prival name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hoped or registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hoped or registered agent, or both, in the State of Florida.  In E.   OFFICERS AND DIRECTORS   12.	Zip	Country	Zip	Country	5. (	Dertificate of Status Desire		8.75 Addi	itional	
MCGOWAN, RICHARD J. 416 WEST LANTANA ROAD LANTANA FL 33482  City FL Zp Code  City FL Zp Cod		6. Name and Address of Current I	 Registered Agent	-	7. 1	lame and Address of No				
At 16 WEST LANTANA ROAD LANTANA FL 33462    City   FL   Zip Code					Name					
LANTANA FL 33462  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 Florida.  SIGNATURE    Symbles byte of screed name at registered agent and registered agent and registered agent and registered agent and registered agent agent and registered agent agent and registered agent agent and registered agent age	•			Street A	ddress (P.O. B	ox Number is Not Accep	table)			
City   FL   Zip Code										
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.    Signature, typed or princip name of registered agent and see if upplicable.   (NOTE Registered Agent registered when recirated by the state of Florida.   (NOTE Registered Agent registered when recirated by the state of Florida.   (NOTE Registered Agent registered when recirated by the state of Florida.   (NOTE Registered Agent registered when recirated by the state of Florida.   (NOTE Registered Agent registered when recirated by the state of Florida.   (NOTE Registered Agent registered when recirated by the state of Florida.   (NOTE Registered Agent registered when recirated by the state of Florida.   (NOTE Registered Agent registered agent, or both, in the State of Florida.   (NOTE Registered Agent registered agent, or both, in the State of Florida.   (NOTE Registered Agent registered agent, or both, in the State of Florida.   (NOTE Registered Agent registered agent, or both, in the State of Florida.   (NOTE Registered Agent registered agent, or both, in the State of Florida.   (NOTE Registered Agent registered agent, or both, in the State of Florida.   (NOTE Registered Agent registered agent, or both, in the State of Florida.   (NOTE Registered Agent registered when registered when registered when registered when registered when registered agent, or both, in the State of Florida.   (NOTE Registered agent, or both agent registered when registered when registered when registered when registered when registered agent, or both agent registered agent, or both agent registered when registered when registered agent registered when registered agent, or both agent registered agent, or both agent registered agent, or both agent registered agent r	_			City			FL	Zip Code	<del>)</del>	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET A	SIGNATURE	\.								
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. This corpo	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00						
MCGOWAN, RICHARD J. 416 W. LANTANA RD. LANTANA FL  ITILE D MCDOWELL, FREDERIC P. 416 W. LANTANA RD. LANTANA FL  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS STREET ADDRE	11.	OFFICERS AND		12.	AD	DITIONS/CHANGES TO				
MCDOWELL, FREDERIC P. 416 W. LANTANA RD. LANTANA FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	MCGOWAN, RICHARD J. 416 W. LANTANA RD.	☐ Delete	NAME STREET ADDRESS				Change	Addition	
TITLE         Delete         TITLE         Addition           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CHange         Addition           TITLE         NAME         NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CHANGE         Addition           TITLE         Delete         TITLE         NAME         NAME         Addition           NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Addition         Addition           TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         Addition         Addition           TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         Addition         Addition           TITLE         NAME         NAME         NAME         Addition         Addition           NAME         NAME         NAME         NAME         Addition         Addition         Addition           STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Addition         Addition         Addition         Addition         Addition         Addition         Addition         Addition	NAME Street address	416 W. LANTANA RD.	☐ Delete	NAME STREET ADDRESS			<b></b>	Change	☐ Addition	
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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 office or director of the control of	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					Addition	

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #