2001 UNIFORM	BUSINESS	REPORT	(UBR
--------------	----------	--------	------

DOCUM 1. Entity Name SALES CO	9	# L000	0000	02666				•	FI	ILE[)			
		,										_		
Principal Place of Business Mailing Address 4450 LAFAYETTE STREET RT.3 BOX 195-A MARIANNA FL 32447 ALTHA FL 32421						O1 APR -2 PM II: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
2. Principal Place of Business 3. Mailing Address RT. 13 BOL 585			5			JEBUJUL BUJ PRIK DEI		i d iri di rii i						
Suite, Apt. #, etc. Suite, Apt. #, etc. LAKE- CTY			レ				DO N	OT WRITE	IN THIS S	SPACE				
City & State City & State		•			4. FEI Number 59-363-2995 Applied For Not Applicable					,]				
Zip	,	Country	3	2055	Coun	itry	a.		icate of Status D			\$5.00 Ac	ditional	
		and Address of Curre	nt Registe	red Agent				7. Name	and Address o	f New Reg	istered A	gent	ć <u>4</u> .	1
BONDURANT, FRANK E 4450 LAFAYETTE STREET				Name Street Address (P.O. Box Number is Not Acceptable)							_			
MARIANNA														۱,
MARIANNA FL 3241			City					FL	Zip Cod	de	┤ [^]			
8. The above r	named entity	submits this statement	for the pu	rpose of changing its	s registere	ed office o	r registered	d agent, c	or both, in the Sta	te of Floric	ia.			1
SIGNATURE _	N buran	,			FF. Ba-latan	ul 8					DATÉ			
5	ignature, typed	or printed name of registered age	ent and title if a	·			ture required w	nen reinstatir	ng)		DAIE			\dashv
	1 6			FILE N Make Check Pa		FEE IS \$ o Depart	-	State						
9.		MANAGING MEM	IBERS/ME	MBERS	10.				ADD	ITIONS/CI	HANGES			_ ا
TITLE NAME STREET ADDRESS	i.			☐ Delete	TITLE NAM	-	ANON	•	W. INA	45	(209	Change	Addition	٤
CITY-ST-ZIP						-ST-ZIP	ZAKO	2 CI	TY. FL.	320	~~	·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ا <u>ال</u> اد المالية	☐ Delete					45 J. INNE UL 585 TY. FL.	5 (; 2208	209 91	□ Change	□ Addition	280
TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		• ••	Delete .	TITLE NAM STRE	E E ET ADDRESS		. a. s ᢏ , Դ	300	00:3 -04/1 *****	1/01~	Change 265 -01097	Addition	- - - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Delete	TITLE NAMI STRE							☐ Change	**50.00	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE		-	—				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE							☐ Change	Addition	
1f. I hereby ce indicated or limited liabil	n this report lity compan	information supplied with is true and accurate are yor the receiver or trust	that my tee empow	signature shall have ered to execute this	r the exer the same report as	mption state legal effe required t	ct as if fha	de under 608, Flor	oath; that I am a ida Statutes.	ı managinç	386 - 01	or manage	nformation er of the 6932	