3/11

FILED Apr 18, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # LOOOOOC	007336			Secreta 03-11-2002	1 ry 01 3 90008 029 **	
Principal Place of Business 1282 FOUNTAINHEAD DRIVE DELTONA FL 32725		Mailing Address 1282 FOUNTAINHEAD DRIVE DELTONA FL 32725					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number APPLIED FOR Applied For Not Applicable			
Zip Country		Zip	Country		5. Certificate of Status Desired 55.00 Additional Fee Required		
	8. Name and Address of Current	Registered Agent	<u> </u>	<u></u>	7. Name and Address of New Regist	<u> </u>	
	Contraction and Street Contraction			Name			
FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, #B-1 PORT ORANGE FL 32127			Street Address		(P.O. Box Number is Not Acceptable)		
				City		FL Zip Coo	le
CIGNATURE	named entity submits this statement for Signature, typed or printed name of registered epent of	and title if applicable. (NOT	E: Registered /	Agent signature required	ed agent, or both, in the State of Florida.	DATE	
<u></u>	س <u>ېرند نوم د د د د د د د د د د د د د د د د د د د</u>	Make Check P	ayable to	EE IS \$50.00 Department of \$ 1) 2002		· ·	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHA		- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MELEN, JASON B 1282 FOUNTAINHEAD DRIVE	□ Deleta	TITLE NAME STREET CITY-S	TADORESS ST-ZIP		☐ Change	Addition
TITLE NAME STREET ACORESS	DELTONA FL 32725	☐ Deleté	TITLE NAME STREET CITY-S	ADORESS		☐ Change	☐ Addition
TITLE	<u> </u>	☐ Delete	TITLE)1-2N		☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS ST-ZIP	 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	·	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-2IP	e e e e gra	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	CITY-S	l		☐ Change	☐ Addition
المحدم هذا الساء	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or truster	that my complica chall have	emes ente	IRCIAL ATTACT AS IL T	oction 119.07(3)(i), Florida Statutes, I furth nade under oath; that I am a managing rater 608, Florida Statutes.	ier certify that the nember or manag	information er of the