2001 UNIFORM BUSINESS REPORT (UBR)

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28 PINISON SE CORPORATIONS SUITA, April 4, etc. City S. State Sinds, Anth-On. Walkes Site of Address of Current Registered Agent File Rowing File Site State Operated City File Rowing File Site State Site of Address of New Registered Agent City File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of Address of New Registered Agent File Rowing File Site State Site of A	Drive in all Die e	of Divisions	Mailing Address			2001 MAY-9 AF	11:37		
2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State	2561 DINNEEN AVE.		2561 DINNEEN AVE.			DIVISION OF CORP TALLAHASSEE, I	ORATIONS FLORIDA		
City & State City & State City & State City & State A. FEI Number A63-89-6777 New Applicable	2. Principal Place of Business		3. Mailing Address			(10) 01 11 0 1 1001	
Zip Country Zip Country S. Certificate of Status Desired S. S. 0.04 Applicable Fig. 95.00 Applicable Fig. 95.0	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
SIMS, ANTHONY JAMES 2561 DINNEEN AVE. ORLANDO FL 32804 Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	City & State		City & State						
SIMS, ANTHONY JAMES 2561 DINNEEN AVE. ORLANDO FL 32804 City FL Zip Code City FL Zip Code 8. The above named unity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature Total prince of registered agent and site in addition. PLE NOW!!! FEE IS \$50.80 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS MAKE Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS MAKE Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS MAKE Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS MAKE Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES Change Addition MAKE Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES MAKE Check Payable to Department of State 9. MANAGING MEMBERS / MAKE Department of State MAKE Check Payable to Department of State MAKE Check Payable to Department of State MAKE Check Payable to Department of State MAKE CHECK Department of St	Zip	Country	Zip	Country			Fee Required		
Sines ANTHONY JAMES 2861 DINNEEN AVE. ORLANDO FL 32804 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code B. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or primar neme of registered agent and the ** explication.** (NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or primar neme of registered agent and the ** explication.** (NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or primar neme of registered agent and the ** explication.** (NOTE Registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or primar neme of registered agent and the ** explication.** (NOTE Registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$30.00 Make Check Payable to Department of State 9. MANAGINIG MEMBERS / MEMBERS / MEMBERS SIGNATURE SIGN		6. Name and Address of Current	Registered Agent	Nama		7. Name and Address of New Reg	jistered Agent		
City FL Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SI	SIMS, ANTHONY JAMES				(5)		· ·	<u></u>	
S. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. Signature Signature type of printed name of registered agent and title in applicable. MATE NAME				Street Add	iress (P.	O. Box Number is Not Acceptable)	<u> </u>		
8. The above named entity submits this statement for the purpose of changing its registered office or regisfored agent, or both, in the State of Florida. SIGNATURE	ORLANDO	J FL 32004				·	!		
SIGNATURE Signature, types or primed name of registered appart and title if explicable. (NOTE Registered Appart displature required when revestating) DATE				City			FL Zip Code	• 	
Signature, hybord or primate name of registered agont and tile if explication. (NOTE, Registered Ayour signature registered when reinstating) DATE	8. The above	named entity submits this statement for	or the purpose of changing its	registered office or re	egistered	d agent, or both, in the State of Floric	da.		
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SIGNATURE: CICLLOCAL CONTROL OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destrict Phone #