## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State

| DO NOT WRITE IN THIS SPACE  2 Process (PSTO)** DEVTS S LVD.  3 Manufacture of Country of State of Country   | DOC  | UMENT#  |   | · (ODR                                    | <u> </u>           | 7 05-27-2002   | _                 | 025 ***150.00   |  |
|---|--|---|---|---|--------------------|--|-------------------|---|--|
| DO NOT WRITE IN THIS SPACE  2. Principy (3)-970" (19)-970" IS BLVD.  3. Main'p (20)-96" (CENTRAL AVE.  Such Apr. 4. etc.  Such Apr. 4. etc.  Such Apr. 4. etc.  Cry 4. Store  NAPLES, FL 34.112  Cry 4. Store  NAPLES, FL 34.112  Cry 4. Store  NAPLES, FL 34.112  Coverry USA  3. Confidence of Store District of NAPLES, FL 34.102  A. FEI Name and Agenture of Counter Regulationed Agent.  There are an appeared agent of Store   | 1. Entity N  | Vame VeVVides CC  | c 200   | )00Q                                      | )156               | 9  |                   |   |  |
| DO NOT WRITE IN THIS SPACE  2. Personal Biology (PDRY) S BLVD.  2. Suite, Apt. 4, etc.  Suite, Apt. 5, etc.  Suite, Apt. 6, etc.  Suite, Apt. 6, etc.  Suite, Apt. 6, etc.  Suite, Apt. 7, etc.  Suite  |  |   |   |   |                    | • .  |                   |   |  |
| 2. Principg 0379 BTAY'S BLVD.  Suite, Apt. 4, etc.  Cry 6 Stee  NAPLES, FL 34 112  Courty  34 102  Courty  34 102  Courty  USA  34 102  Tourned on the court of the purpose of changing its registered office or registered  |  | ALL AS MANAGEMENT   |   |   | cra, a como c      |  |                   |   |  |
| 2. Principg 0379 BTAY'S BLVD.  Suite, Apt. 4, etc.  Cry 6 Stee  NAPLES, FL 34 112  Courty  34 102  Courty  34 102  Courty  USA  34 102  Tourned on the court of the purpose of changing its registered office or registered  | DO NOT WRITE IN THIS SPACE   |   |   |   |                    | 968026   |                   |   |  |
| Suite. Apt. F. etc.  Suite. Apt. F. etc.  NAPLES, FL 34 112  Cys Sixte  NAPLES, FL 34 112  Country  IP 34 102  IP 34 102  Country  IP 34 102  IP 34 102  Country  IP 34 102  IP 34 102  IP 34 102  IP 34 102  Country  IP 34 102  IP 34 10  | 2. Principa  | · · · · · · · · · · · · · · · · · · ·   | 一大学的学者 计分类系统  | Standing to                               |                    |  |                   |   |  |
| Coy & Siste NAPLES , FL 34 112  | <del></del>  |   |   |   |                    |  |                   |   |  |
| NAPLES, FL 34 112   |  |   |   |   |                    |  |                   |   |  |
| SIGNATURE  DO NOT WRITE IN THIS SPACE  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sold of Fords.  SIGNATURE  SIGNATURE  DITIONS AND DIRECTORS  OFFICERS AND   | <u> </u>   | NAPLES, FL 34112  | NAPLES,   | ·   | 02                 | 4. FEI Number 65-01688   | 7 5               |   |  |
| DO NOT WRITE IN THIS SPACE  IN THIS SPACE  STORY Address FO. Box Number is Not Address FO. Box Number is Number is Number in N  |  |   | 34112   | Country<br>US                             | A                  | 5. Certificate of Status Desired   |                   | 8.75 Additional   |  |
| IN THIS SPACE    State   State  | 7. Name and Address of Current Registered Agent  |   |   |   |                    |  |                   |   |  |
| IN THIS SPACE    State   State  |  | DO NOT W  | RITE  | Stree                                     | ARLE<br>Address (P | NE F AUSTIN  |                   |   |  |
| SIGNATURE    | IN THIS SPACE  |   |   |   |                    |  |                   |   |  |
| SIGNATURE    Signature   Signa  |  |   |   | City                                      |                    |  |                   |   |  |
| SIGNATURE    Signature   Soperate appear or see   Rangeloide   Mote   Register   Signature   Signature  | 8. The above   | e named entity submits this statement for   | the purpose of changing its                                 | registered office                         | or registered      | d agent or both in the Shate of Electric   | FL                | <sup>2π</sup> <sup>2π</sup> <sup>2π</sup> <sup>2π</sup> <sup>2π</sup> <sup>2π</sup> <sup>2π</sup> <sup>2π</sup> |  |
| Sometiments produced interest signated and their frequency spirit and their frequency.  9. This corporation is eligible to satisfy its Indangule with the received of the corporation in the corporation in the corporation is eligible to satisfy its Indangule with the received of the corporation in t  |  |   |   |   |                    |  |                   |   |  |
| The finite programment and elects to do so.  Amended UBR is \$12.95 to Separation back)  The finite of the finite o | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE |   |   |   |                    |  |                   |   |  |
| The Added to Fees  Added to Fees  The OFFICERS AND DIRECTORS  THE OFFICERS AND DIRECTO  | 9. This corporation is eligible to satisfy its Intensible  |   |   |   |                    |  |                   |   |  |
| THE DIRECTOR SHET ADDRESS ORY-ST-JP DEVRIES, RAYMOND W SHET ADDRESS ORY-ST-JP THE NAME SHET ADDRESS ORY-ST-JP ORY-ST  | 3 (See crite   | ria on back)  | Make Check Payabi   | UBR is \$61.25<br>e to Departme           | nt of State        |  |                   | Added to Fees   |  |
| STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDR  | fine   |   | RECTORS   | me .                                      | Periods<br>Tenedo  |  | ₹X10.6₩           |   |  |
| ITTLE  ITTLE  INAME SIRET ADDRESS  CITY-ST-ZIP  ITTLE  INAME SIRET ADDRESS CITY-ST-ZIP  INAME SIRET ADD  | 1  |   |   | NAME                                      |                    |  |                   | 50  |  |
| CITY-ST-ZIP  ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STRE  | } <del></del>  |   |   | * 特 / · · · · · · · · · · · · · · · · · · | Sept.              | The second secon |                   |   |  |
| CITY-ST-ZIP  ITILE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STRE  | NAME   |   |   | * n                                       | 15.00              | The Bound of the Control of the Cont | 7707              | SE CONTRACTOR   |  |
| ITTLE NAME STREET ADDRESS CITY - ST - ZIP  ITTLE NAME STREET ADDRESS  | 1  | MAILES, FL 2410   | 2   | STREET ADDRESS                            |                    |  |                   | 1 2 2 3   |  |
| STREET ADDRESS CITY- ST- ZIP  TITLE MAME STREET ADDRESS CITY- ST- ZIP  TITLE M  | I F  |   |   |   |                    | A Sec. Control |                   |   |  |
| TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE   | STREET ADDRESS   |   | - · <u>-</u>  | . A war man of the sa                     |                    |  |                   |   |  |
| ITTLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS  | <del></del>  |   |   | 7、 1.16、16、18) 上 二〇                       |                    | DO NOT W   | RITE              |   |  |
| CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS ST  | NAME   |   |   | بهم الفيح المستد                          |                    |  |                   |   |  |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS 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 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 on an SIGNATURE:  |  |   |   | The second second                         |                    |  |                   |   |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS 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 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 on an SIGNATURE:  | 1  |   |   |   | r, descriptiv      |  | 12 +5.<br>- 53444 |   |  |
| ITILE NAME STREET ADDRESS 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 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 on an SIGNATURE:  SIGNATURE:  | . 1  |   |   |   | a kana<br>Tanàna   |  |                   | 20  |  |
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| attachment with an address, with all other like empowered.  SIGNATURE:   SIGNATURE:   | CITY-ST-ZIP  |   | _   | CITY ST ZIP                               |                    |  |                   |   |  |
| attachment with an address, with all other like empowered.  SIGNATURE:  | 13. I hereby cer indicated or of the cores   | rtify that the information supplied with this in this report or supplemental report is true | filing does not qualify for the and accurate and that my si | exemption state                           | d in Section       | 119.07(3)(i), Florida Statutes. I further  | certify that      | the information   |  |
| SIGNATURE: X 199 N/102 5/1/02 66551   | attachment   | with an address, with all other like empow  | ed to execute this report as                                | required by Cha                           | apter 607, Flo     | orida Statutes: and that my name app   | ears in Blo       | fficer or director<br>ck 11 or on an  |  |
|   | SIGNATU  | IRE: X  | NIM   |   |                    | 5/1/02   | 4.6               | 7   |  |