APPRUFE

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature is specified when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered Agent signature required when reinstating in the purpose of changing its registered office or registered agent. Or the purpose of changing its registered office or registered agent. Or the purpose of changing its registered office or registered agent. Or the purpose of changing its registered agent. Or the purpose of changi	02 FE8 15 PM 3: 12
Principal Place of Business Mailing Address 1551 SANDSPUR ROAD MATHAND FL 32751 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Signature, yped or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS Mathand FL 32751 Inter Mare Inter Inter Mare Inter Mare Inter Mare Inter Mare Inter Mare Inter Mare Inter	
1551 SANDSPUR ROAD MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address P.O. BOX 490 Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country A. FEI Nur 5-9 5. Certific. 6. Name and Address of Current Registered Agent Name B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32751 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaining) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ITILE MGR	SECRETARY OF STATE
2. Principal Place of Business Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Signature, typed or printed name of registered agent and title if applicable. A. FEI Nur Street Address (P.O. Box Nur City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Note: Registered Agent signature required when reinstaining in the statement of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ITILE MGR	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Substance 6. Name and Address of Current Registered Agent Name B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32751 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGR	
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6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or City 8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ITILE MGR	Applied For Applied For Not Applicable
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32751 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGR	ate of Status Desired S5.00 Additional Fee Required
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390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32751 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGR	
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NAME BROCK, JAY P STREET ADDRESS 1551 SANDSPUR ROAD CITY-ST-ZIP MAITLAND FL 32751 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 Intr-st-zip I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under one of the same legal effect as if the same legal effect as if	