7/21/200

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001833

FILED Aug 11, 2002 8:00 am Secretary of State

TO ADDERLE DR. SOCIAL SEASO SURE ACT. Sulte. Apr. 4, etc. Sulte. Apr. 4, etc. DO NOT WRITE IN THIS SPACE City & State Cit	TO PROPERTIES. TO AN APPLIES OF COOK PL. 2009 TO COOK PL. 2009 TO COOK PL. 2009 TO COUNTY TO HAVE AN APPLIES TO COUNTY TO HAVE AND AND ACCOUNTS OF PROJECTION OF PROJECTION OF THE	Orinales - 1 Pr				_						
DOOR PL 30208 COCOR PL 30208 DO NOT WRITE IN THIS SPACE L. Principal Pace of Business Suite, Apt. 8, etc. DO NOT WRITE IN THIS SPACE A. FEI Number of Space	COCOA FL 2026 2. Principal Pace of Dusiness Suite, Apt. 4, otic. Do NOT WRITE IN THIS SPACE City & State City			Mailing Address 5070 JUNEDALE DR.								!
Sutio, Apt. #, etc. Sutio, Apt. #, etc. DO NOT WRITE IN THIS SPACE	Solin, Apt. e, etc. DO NOT WRITE IN THIS SPACE	DCOA FL 32	926	COCOA FL 32926					_		:	
Sutin, Apt. 4, etc. City & State City & City & State City & State City & City & State City & Ci	Suits, Apt. 4, etc. Do NOT WRITE IN THIS SPACE					L (RATION) ON ANION A	10 1151 1160 1161 1161 116		1111 1111 1111			-
City & State City & State City & State Country Zip Country S. Certificate of Statan Desired S.D. Additional Fee Registered Agent Name and Address of Current Registered Agent Name Name and Address of New Registered Agent Name Name	City & State A. FEI Number of 24 U55549 Applied For Non A	2. Principal	Place of Business	3. Malling Address								
Zip Country Zip Country S. Certificate of Status Desired Special Speci	Application of Status Departed S. Certificate of Status Departed Departed Departed S. Certificate of Status Departed Departed Departed Department of Status S. Certificate of Status Departed Department of Status Department of Statu	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			O NOT WRITE IN TH	IS SPACE				
### Country	En Norma and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. Name 8. Name 8. Name 8. Name 9. Name	City & Sta	nte	City & State		4. FEI Number	2 24555			<u>ן</u>		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKEY & FOMILER, P.A. 410 W. MERRITT INE MERRITT ISLAND F. 32663 City FL 2g Code City FL 2g Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept obligations of registered entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept obligations of registered entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept obligations of registered entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept obligations of registered entity. The State of Fiorida. I am familiar with, and accept obligations of registered entity. The State of Fiorida. I am familiar with, and accept obligations of registered entity. The State of Fiorida. I am familiar with, and accept obligations of registered entity. The State of Fiorida. I am familiar with, and accept obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept of the State of Fiorida. I am familiar with, and accept o	O. Name and Address of Coursel Registered Agent	Zip	Country	Zip	Country	5. Certificate of Statu	V. 1 U	\$5.00 A	ditional	+		ı
MARKEY & FOWLER, P.A. 410 W. MERRITT NALE MERRITT SLAND FL 32953 City FL Zip Code City FL Zip Code City FL Zip Code The above named entity submits statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Turn familiar with, and accept the obligations of registered agent. MIGHATURE Diplan, synd or string rame of registered agent and the functions. MIGHATURE Diplan, synd or string rame of registered agent and the functions. MIGHATURE Diplan, synd or string rame of registered agent and the functions. MIGHATURE Diplan, synd or string rame of registered agent and string rame of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Turn familiar with, and accept the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. MIGHATURE Diplan, synd or string ramin familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. Turn familiar with, and accept of the obligations of registered agent, or both, in the State of Forida. MIGHATURE Diplan, synd or string ramin familiar with, and accept of registered agent, or both, in the State of Forida. Displant ramin familiar with, and accept of the State of State of State of State of State of State of	MARREY & FOWIER P.A. 410 W. MERRITT ACE MERRITT ISLAND FL 32653 The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the obligations of registered agent, or both, in the State of Florice. I sur familiar with, and accept the state of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept the State of Florice. I surfamiliar with, and accept florice. I surfamiliar vision of Florice. I		6. Name and Address of C	Surrent Registered Agent		_			ed	┥	1:11	
MERRIT ISLAND FL 32953 The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ISLANTURE FILE NOW!!! FEE IS \$50.00	MERRIT ISLAND FL 32953 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of the state of Florids. I am familiar with, and accept the following the florids. I am familiar with, and accept the florid florids. I am familiar with, and accept the florid florid florid florids. I am familiar with, and accept the florids. I am familiar with, and accept the florid	MAF					- ,	- ·- ·]	1 3	:
The above named entity submits this sistement for the purpose of changing is registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control Contr	The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of egistered agent, or both in the State of Florida. International Companies of the International Egister of Egister Agents of the International				Street Addr	ess (P.O. Box Number is Not	Acceptable)					
The above named entity automits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. IGNATURE Separate, typed or private registered agent and the it spokests.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INOTE Registered Apent agent a				·	The same of the sa					di	.
IGNATURE Speak.r. Nyaed or proteed reperts agent and title is applicable. Driver Speaker agent and state applicable. Driver Speaker agent and title is applicable. Driver Speaker agent	IGNATURE Sover, repeties or preguence agent and the Fluckstak. (NOTE Registered Appet superior represent agent and the Fluckstak. (NOTE Registered Appet superior represent agent and the Fluckstak. (NOTE Registered Appet superior represent agent and the Fluckstak. (NOTE Registered Appet superior represent agent and the Fluckstak. (NOTE Registered Appet superior representation r	. The above	named entity submits this etitle					1				
Charge Change Change Addition	Columns Requirement and in ground regions and the A repolation Columns	the obliga	tions of registered agent.		re redistated outde of tec	pstered egent, or both, in the	State of Florida, Tar	n familiar with	, and accept			i
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Die By September 25, 2002 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due 9 September 25, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Addition	IGNATURE	Signature, typed or printed name of registers	ed agent and little If applicable. (Ne	OTE: Registered Agent signature re	quired when reinstating)	DATE					
MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES THE MGR COLLINS, PHILIP D THE MAME STRET ADDRESS CITY-ST-ZP COCOA R. 32928 LE MERIT ADDRESS CITY-ST-ZP CHANGES CITY-ST-ZP CITY-S	MANAGING MEMBERS/MANAGERS ILE MGR									1		
MGR COLLINS, PHILIP D SOTO JUNEDALE DR. COCOA R. 32928 Delete TITLE Change Addition See Change Change Addition See Change Addition See Change Change Change Addition See Change Change Addition See Change Cha	MGR COLLINS, PHILIP D STOT JUNEDALE DR. COCOA R. 32926 Detel THE MAKE SIRECT ACCRESS CITY-ST-2P COCOA R. 32926 Detel THE MAKE SIRECT ACCRESS CITY-ST-2P LE	Make Check Pay			'ayable to Departme By September 25, 200	nt of State		•				,
MET ACORESS 5070 JUNEDALE DR. COCOA FL 32928 COLINS, PHILIP D STRET ACORESS COTY-51-2P LE ME COCOA FL 32928 COTY-51-2P LE MAME STRET ACORESS COTY-51-2P COCOA FL 32928 COTY-51-2P Addition Additi	MET ADDRESS TOTS JUNEDALE DR. STRET ADDRESS OUT'-ST-2P LE					AI	DDITIONS/CHANGE	s		<u>.</u> .		
MME SIRET ADDRESS NY-ST-ZIP LE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP LE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP LE Delete TITLE NAME Change Addition LE NAME STRET ADDRESS CITY-ST-ZIP LE NAME STRET ADDRESS CITY-ST-ZIP LE Delete TADRESS CITY-ST-ZIP LE STRET ADDRESS CITY-ST-ZIP LE STRET ADDR	MANAGE STREET ADDRESS (TY-ST-ZP) LE	ME		☐ Deleta				☐ Change	Addition	(4/02)		. !
MANE SIRET ADDRESS Y-ST-ZIP LE	MANAGE STREET ADDRESS (CTY-ST-ZP) LE									88		į
STREET ADDRESS STREET ADDRESS CTY-ST-ZP	RET ADDRESS N'-ST-ZP Delete		COUNTE SESE	☐ Delete	TITLE			☐ Change	Addition	CRZ		!
LE	Delete Delete	REET ADDRESS										ļ
MET ADDRESS STREET ADDRESS CTY-ST-ZP	NAME **STREET ADDRESS **CITY-ST-ZP** **Delete** **			- Dates		- · ·						. :
CTY-ST-ZP	CITY-ST-ZP LE Delete TITLE Change Addition	ME			-HAME:		- .	L] Change	L_ Addition			1
MEET ADDRESS STREET ADDRESS	MEET ADDRESS TY-ST-ZIP Delde DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP Delde DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP LE DRLE MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z	Y-ST-ZIP							ļ	4		į
RET ADDRESS STRET ADDRESS CITY-ST-ZIP Change Addition	THE ADDRESS TY-ST-ZIP LE Dekde THE STREET ADDRESS	ILE AME		☐ Delete				☐ Change	☐ Addition	100		
LE	Debte TRE AME Debte TRE Change Addition		ı		STREET ADDRESS							
ME NAME STREET ADDRESS OTY-ST-ZIP OPAdilion ITILE CHange Addilion ME STREET ADDRESS OTY-ST-ZIP OTTER OTTER ADDRESS OTY-ST-ZIP OTTER OTTER ADDRESS	MAKE STREET ADDRESS Y-ST-ZP LEFT ADDRESS LEFT ADDRESS STREET ADDRESS LEFT ADDRESS LEFT ADDRESS STREET ADDRESS	LE .		□ Delicte				☐ Channe	Addition			
CIY-ST-ZP	OTY-ST-ZP LE LE LE CHARGES V-ST-ZP OPEN Delete TITLE NAME STREAT ADDRESS OTY-ST-ZP OTY-ST-ZP OTY-ST-ZP OTY-ST-ZP OTY-ST-ZP OTY-ST-ZP 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the firmled liability company or the receiver or tratee empowered to grazely this report as required by Chapter 608, Florida Statutes. IGNATURE: OTHER OF THE CHARGES OTHER OF THE CHARGES OTHER OTH				NAME	د، سند ب ، عر،		C orange				<u> </u> -
MET ADDRESS STREET ADDRESS Y-ST-ZPP CITY-ST-ZPP	MAKE EST ADDRESS Y-S1 729 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the firmfield liability company or the receiver or tristee empowered to execute this report as required by Chapter 508, Florida Statutes. I further certify that the information infinited liability company or the receiver or tristee empowered to execute this report as required by Chapter 508, Florida Statutes. IGNATURE: Chapter 508 Florida Statutes Florida Statute	Y-ST-ZIP							}			
LEET ADDRESS STREET ADDRESS Y-ST-ZPP CITY-ST-ZPP	STREET ADDRESS Y-S1-ZP 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 indicated on this report is true and accurate and that my eigneture shall have the same legal effect as if made under certify that the information indicated on this report is true and accurate and that my eigneture shall have the same legal effect as if made under certify that the information indicated inability company or the receiver or trystee empowered to greatly this report as required by Chapter 608, Florida Statutes. IGNATURE: Company Co		•	· Delete				☐ Change	☐ Addition			- 1
	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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em a managing member or manager of the limited liability company or the receiver or tristee empowered to sweetle this report as required by Chapter 608, Florida Statutes. IGNATURE: Company Co				STREET ADDRESS				}			
This county that the information supplied with this liking does not quality for the exemption stated in Section 110 07/3V/1 Florida Clob fee 14 when so the that the information in the section 110 07/3V/1 Florida Clob fee 14 when so the information in the infor	IGNATURE: 7-16-02 (32)) 504-0866		all and a second of	d with this filing does not qualify for	the exemption stated in	Section 119 07/3Vi) Florida	Statutes further se-	tife that the !-	ormatics			
		TY-ST-ZIP	ertify that the information supplied to this report is true and accurate lifty company or the receiver or to	e and that my algoreture shall have restee empowered to execute this	the same legal effect as report as required by Ch.	apter 608, Rorida Statutes.	а налариу пено		1	3		i