## FILED Feb 24, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # LO1000  ide real estate and dev	•				-16-2002 9026	'		J
Principal Place of Business 532 HEATHER COURT		Mailing Address	•						
BARTOW FL	- *	532 HEATHER COURT BARTOW FL 33830			(8717B)( 81) 88(8) 819		136		
Principal Place of Business     3.		3. Mailing Address	3. Mailing Address						•
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		· DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certi	ficate of Status D	esired []	\$5.00 Add Fee Require	ditional .	
	6. Name and Address of Current	Registered Agent -		-7. Nam	e and Address o	f New Registered	Agent		7
HANGER, DENNIS B 532 HEATHER COURT BARTOW FL 33830			Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City		<u> </u>	FL	Zip Cod	e	-
8. The above	named entity submits this statement for	or the purpose of changing its	registered office of	r registered agent,	or both, in the Sta	ste of Florida.			1
SIGNATURE	Signature, typed or printed name of registered agent	and title if sopticable. (NOT	E: Registered Agent signal	tire required when reinstat	ing)	DATE			
		Make Check Pa	OWIII FEE IS ( yable to Depart e By May 1, 200	ment of State					1
9.	MANAGING MEMBI	ERS/MANAGERS	10.		ADD	ITIONS/CHANGES			1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hanger, Dennis B 532 Heather Court Bartow Fl 33830	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		☐ Change	☐ AddItion	CR2E083 (9/01)
TITLE NAME STREET ADDRESS	MGR HANGER, ALLEN W 665 BROOKINS AVE.	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	CR2
TITLE  NAME  STREET ADDRESS	EAGLE LAKE FL 33880	☐ Dēlete	TITLE NAME STREET ADDRESS			2.	☐ Change	☐ Addition	-
CITY-ST-ZIP		□ Delete	CÎTY-ST-ZIP	1			☐ Change	☐ Addition	4
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-21P						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET ADDRESS GITY-ST-ZIP			<del>.</del> .	Change	Addition	} .
11. I hereby of indicated	pertify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have t	the exemption state	ed in Section 119.0 ct as if made under	07(3)(i), Florida St oath; that I am a	atutes. I further cert managing membe	ify that the in	formation of the	