2000 UNIFORM BUSINESS REPORT (UBR)

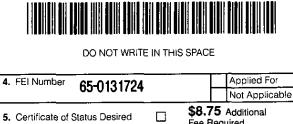
SIGNATURE

Principal Place of Business		Mailing Address			
TERRACE ROA	D	1019 TERRACE ROAD STUART FL 34994-8930 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address			
		Suite, Apt. #, etc. City & State			
urrent Begistered Agent					

Signature, typed or printed name of registered agent and title if applicable.

FILED Feb 09, 2000 8:00 am Secretary of State

02-09-2000 90380 042 ***150.00



DATE

Fee Required 7. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) Zip Code City FL 8. 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.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND DIS	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV BEYMER, JAMES 1019 TERRACE ROAD STUART FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
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TITLE		□ Delete	TITLE	Change Addition

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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receptor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNIN

☐ Defete

☐ Change

☐ Addition