## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

**FILED** Apr 16, 2004 8:00 am Secretary of State

04-16-2004 90127 022 \*\*\*150.00

DOCUMENT# L 14916 1. Entity Name



FINE	RESEARCH & M.	ARKETING, =	TMC.		
	DO NOT WRITE			24045529	
2. Principal Place of Business 431 N. GRANAVIEW AVE.		3. Mailing Addressy, EVELYN FINE 215 Brookline Ave.			
Suite, A <del>pt.</del>		Suite, Apt. #, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>	DO NOT WRITE IN THIS SPACI	E
DAYTO	NA BRACH FI	City & State DAY TONA BA	A.H FI	4. FEI Number 59-2967867	Applied For Not Applicable
Zip 3211	Country	Zip 32/18	Country	5 Certificate of Status Desired \$8.7	75 Additional Required
	and the second of the second o	The second of th		7. Name and Address of Current Registered Age	nt
			Name		
	DO_NOT_W	RITE	-Street Address	(P.O. Box Number is Not Acceptable)	
	원이 그는데 그 본지를 연기 만든데 반에는 시민들에게 말했다면	a commence of the commentation of the second	· · · · · · · · · · · · · · · · · · ·		
	IN THIS SP	AUE			
			City	FL Z	'ip Code
AND THE PARTY AN		- the automate of changing it			
	tions of registered agent.	r the purpose of changing is	s registered office or registe	red agent, or both, in the State of Florida. I am familia	ir witri, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	1910	te p	275	
lai	nuary 1 - May 1 Fee Is \$150.00	and title it applicable. (NO	TE: Registered Agent signature require	d when reinstating) DATE	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25		-	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Maka Chark	Davable to Elevide Department of	State			Added to 1 ees
	Payable to Florida Department of OFFICERS AND				Added to 1 ces
Make Check 10.  TITLE	Payable to Florida Department of OFFICERS AND		une		Addd 10 7 000
10.	D/P FINE EVELYN	DIRECTORS	TITLE NAME		Accept 10 1 000
10. TITLE NAME STREET ADDRESS	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS		Add to 1 ces
10. TITLE NAME	D/P FINE EVELYN	DIRECTORS	NAME		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY+ST-ZIP TITLE		200
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY ST-ZIP TITLE NAME		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS		22
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY ST-ZIP  TITLE NAME STREET ADDRESS CITY ST-ZIP		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY: ST-ZIP  TITLE NAME STREET ADDRESS CITY: ST-ZIP  TITLE NAME STREET ADDRESS CITY ST-ZIP  TITLE NAME STREET ADDRESS CITY ST-ZIP	DO NOT WRITE	
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY: ST-ZIP  TITLE NAME STREET ADDRESS		
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP		
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP		
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		
10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FINE EVELYN 215 Brookline A	DIRECTORS	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

EVELYN FINE