2002 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc. City & State City & State City & State City & State Country S. Certificate of Status Desired \$8.75 Addifference of Status Desired \$9.75 Addifference of Status Desired \$9.75 Addifference of Status Desired \$9.75 Addifference of Status Desired \$10. Election Campaign Financing \$10. Election	Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90040 014 ***158.75		
Suite, Apt. #, etc. Suite, Apt. #, etc. Do Not White in this space			
City & State Country S. Certificate of Status Desired Status Desired Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL City FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. State Address City State Change Change Change Change Change Change Change Change City State City State City State City FL City City FL City City FL City City FL City FL City City FL City FL City FL City FL City FL City FL City City FL City City FL City City	 		
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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. Signature, hybrid or printed name of registered agent and take if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling registered and elects to do so. (See criteria on back) The Application of State The ASHBY, JR, GEORGE H STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP MIDDLEBURG FL 32068 THE AMAE NAME NAME STREET ADDRESS CITY-ST-2IP MIDDLEBURG FL 32068 THE ALFRED, ALICIA ALFRED, ALICIA ALFRED, ALICIA ALFRED, ALICIA ALFRED, ALICIA STREET ADDRESS STRE	lied For Applicable		
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B. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalting) DATE			
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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 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 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 11 or changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **SIGNATURE:** **SIGNATURE:** **Address:** **Address:*	r director Block 12 if		