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

SIGNATURE

FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90193 035 ***150.00

DOCUMENT # L 45393 1. Entity Name					05-13-2002 90193 035 ***150.00		
WILLIAM P. HARRIS, JR., P.A.							
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 93005. VAVELAND BLVD 93005. DAVELAND BLVD Suite, Apt. #, etc.							
				DO NOT WRITE IN THIS SPACE			
5te 308 Ste 308							
City & State City & State MIRMI FL MIRMI FL			<u>-</u>	4. FEI Number	0/65920	Applied For Not Applicable	
7io 33/	S6 Country	73/176	Country USA	Certificate of Sta Name and Addre		8.75 Additional	
			Name 6		ARRIS JP		
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 9300 S. DADE CARD TRUE STE 308			
			57				
4			City 4	/Ades	FL	Zip Code 33/16	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	istered agent, or both, in t	he State of Florida.		
SIGNATURE.	Squature, repect or printed name of registered agent an	d ute stappel, abio (NOTE	Registared Agent signature req	juar-d when a-instatiog)	DATE		
	pration is eligible to satisfy its Intangible	January 1 - M	ây 1 Fee is \$150.00 1, Fee is \$550.00	10 Election	Campaign Financing	\$5.00 +4 -5	
(See criteria on back) Amended UBR Make Check Payable to			UBR is \$61.25	State Trust Fur	nd Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS ·	TITLE	¥ · · · · · · · · · · · · · · · · · · ·		- $\widehat{\epsilon}$	
NAME SIPEET ADDRESS	NAME WILLIAM P. HARRIS JR NAM STREET ADDRESS 93005. DADELAND ALLO, STE 308 STREET					CR2E034B (12/01)	
CITY-ST-ZIP	1300 7. VAVEORY ME 19/AMI, FL 33/50	DO, 5/E 308	CITY-SI-ZIP			0348	
TITLE.	,	,	TITLE NAME		, -	SR2E	
STREET ADORESS CHY+ST-ZIP			STREET ADDRESS CHY-ST-ZIP				
THE							
NAME STREET ADDRESS	The second secon						
CIYY+ST-ZIP		CITY-ST-ZIP	DO	NOT WRIT			
THLE NAME			TITLE	IN T	HIS SPAC	E	
STRUET ADDRESS CHY+ST-ZIP			STREET ADDRESS CHY+ST+ZIP	•			
THE			TITLE				
NAME STREET ADDRESS	NAME SSS STREE			. •			
CITY ST-7IP			CITY-ST-ZIP				
TITLE NAME			THILE NAME.				
STREET ADDRESS CITY-ST-7IP			STREET ADDRESS CITY-ST-ZIP			ļ	
	ertify that the information supplied with the on this report for resupplemental report is true boration or the receiver or trustee emoce	is filing does not qualify for		Section 119.07(3)(i), Flor	ida Statutes. I further certifi	that the information	
indicated of the corp attachmen	on this report or supplemental report is tr poration or the receiver or trustee empor nt with an address, with all other like emp	ue and accurate and that movered to execute this report owered.	y signature shall have that as required by Chapte	ne same legal effect as if r 607. Florida Statutes; ar	made under oath; that I an d that my name appears i	an officer or director in Block 11 or on an	

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR