## **2002 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nam	MENT # L48566 STMENT CORP.	5			Apr 18, 2002 Secretary ( 04-18-2002 90370 0	of Sta	ate	l
Principal Place of Business  8850 NORTH U S 1 P. O. BOX 337  WABASSO FL 32970 US		Mailing Address  8850 NORTH U S t P. O. BOX 337  WABASSO FL 32970 US			DO NOT WRITE IN THIS SPACE			
Principal Place of Business     Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.						
City & State		City & State		4.	FEI Number	Applied For		
Zip	Country	Zip	Country	5.	65-0428799  Certificate of Status Desired	\$8.75 Add	ditional	1
	6. Name and Address of Current Re			7. 1	Name and Address of New Registered	Agent		1
	To the second of	تىنىسىۋۇچە ئەتسىۋى دۇرىۋە	Name	ستانه المتحسمة	للمحاسب المصالة فالأمام والمتصد الماني و		<del></del>	
KAHN, STANLEY . 8850 NORTH U.S. 1			Street Addre	ess (P.O. E	Box Number is Not Acceptable)			1
WABASSO FL 32970			City		FL	Zip Cod	le	1
Tax filing r (See criter	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable	to Department of	00 State	10. Election Campaign Financing Trust Fund Contribution.	Added	00 May Be	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P KAHN, STANLEY 8850 NORTH U.S. 1 WABASSO FL S KAHN, SHIRLEY 8850 NORTH U.S. 1	Delete  Delete	112.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	AC	DITIONS/CHANGES TO OFFICERS AND	☐ Change	S IN 11  Addition  Addition	00001004
CITY-ST-ZIP  TITLE  NAME:  STREET ADDRESS CITY-ST-ZIP  TITLE	WABASSO FL D KEEN, MARILOU 8850 NORTH W.S. 1 WABASSO FL	☐ Delete ☐ Celete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE		·	Change	Addition	-
NAME STREET ADDRESS CITY-ST-ZIP			NAME * STREET ADDRESS CITY-ST-ZIP				<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
of the corp	ertify that the information supplied with th on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with	ie and accurate and that my s ered to execute this report as i	signature shall have t	the same !	legal effect as if made under path: that La	m an officer	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR