2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2001 8:00 am Secretary of State

1. Entity Nam		# L04930 SS, INC.			ع پخت	,		retary 2-2001 9015				
Principal Place of Business Mailing Address 6186 WINDOVER WAY 6186 WINDOVER WAY TITUSVILLE FL 32780 US US						Unna4inz						
Principal Place of Business 3. Mailing Address						_						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			\dashv		DO NOT WR	ITE IN THIS	SPACE		
City & State	e		City & State			4. F	El Number	59-299760	30		oplied For	
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	L Registered Agent		Γ	7. N	larne and A	ddress of New	Registered			
					Name							
DEAN, WESLEY H. 6186 WINDOVER WAY					Street Address (P.O. Box Number is Not Acceptable)							
TITUSVILLE FL 32780					City	-		-		Zip Cod		
					L				FI		 -	
8. The above	named entity	submits this statement for	r the purpose of changin	ng its register	ed office or regi:	stered age	ent, or both,	in the State of F	lorida.			
SIGNATURE _	Signature, typed o	or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature requ	uired when re	instating)		DATE			
O This pare	nestion in alimi	blo to entire its Intercible	EII E N	OWID EEE	IC 6150 00	·						
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				ı	on Campaign F Fund Contributi	_		0 May Be I to Fees	
11.		OFFICERS AND	DIRECTORS	12.		AD	L DITIONS/CH	HANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
TITLE	DP		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	DEAN, WE 6186 WINI TITUSVILL	DOVER WAY			e et address -st-zip							
TITLE NAME	V DEAN, JO		☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		DOVER WAY		STRE	ET ADDRESS -ST-ZIP							
TITLE NAME			☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		ولو مساورة وال <mark>ولود</mark>	~-	STRE	ET ADDRÉSS -ST-ZIP	Versylvania	. -					
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAM	E [
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	ļ				-ST-ZIP							
TITLE NAME			☐ Delete	TITLE NAMI						Change	Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
TITLE			☐ Delete	TITLE						☐ Change	Addition	
NAME				NAMI						•		
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP							
 I hereby c indicated of the corr changed, 	certify that the on this report poration or the or on an atta	information supplied with or supplemental report is e receiver or mistee empo chment with an laddre is	this filing does not quali- true and accurate and t wered to execute this re rith all other like employ	fy for the exer hat my signat poli as required	mption stated in ture shall have the red by Chapter I	Section 1 he same li 607, Floric	l 19.07(3)(i), l egal effect a da Statutes; a	Florida Statutes s if made under and that my nan	. I further ce oath; that I ne appears	ertify that the ir am an officer in Block 11 or	nformation or director Block 12 if	