2002 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country 58-1914989 New Status Desired New Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City FL Zip Code 8. 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 Syndaute, typed or primed name of registered agent and still if applicable (MOTE: Registered Agent synaure required when recessing) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$50.00 Trust Fund Contribution. Added Make Check Payable to Department of State PSTD CAPPS, BRUCE G STREET ADDRESS ATT DEER POINT DR CAPPS, BRUCE G STREET ADDRESS ATT DEER POINT DR CAPPS, MARIE VP CAPPS, MARIE Delete TITLE WARE CAPPS, MARIE CAPPS, MARIE STREET ADDRESS ATT DEER POINT DR CAPPS, MARIE CAPPS, MARIE CAPPS, MARIE CAPPS, MARIE CAPPS, MARIE STREET ADDRESS CITY-ST-2IP TITLE WARE CAPPS, MARIE CAP		
PENSACOLA FL 32501 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Service of Business 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City City City FL Zip Cod. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Forida. SIGNATURE Signature, System or printed name of regions edisport and title 1 signAbable. OITE Registered Agent Sprakes registered agent. or both, in the State of Forida. After May 1, 2022 Fee will be \$550.00 Trust Fund Contribution. Added Address (P.O. Box Number is Not Acceptable) DATE Signature Agent sprakes registered agent. or both, in the State of Forida. After May 1, 2022 Fee will be \$550.00 Trust Fund Contribution. Added Address (P.O. Box Number is Not Acceptable) DATE Signature Agent sprakes registered agent. or both, in the State of Forida. After May 1, 2022 Fee will be \$550.00 Trust Fund Contribution. Address Agent sprakes registered agent. or both, in the State of Forida. Address (P.O. Box Number is Not Acceptable) DATE Applications of the State of Forida. After May 1, 2022 Fee will be \$550.00 Trust Fund Contribution. Address Agent sprakes registered agent. or both, in the State of Forida. Address Agent sprakes registered agent. or both, in the State of Forida. Applications registered agent. or both, in the State of Forida. Applications registered agent. or both, in the State of Forida. Applications registered agent. or both, in the State of Forida. Applications registered agent. or both, in the State of Forida. Applications registered agent. or both, in the State of Forida. Applications registered agent. or both, in the State of Forida. Applications registered a	†	
Suite, Apt. 4, etc. Suite, Apt. 4, etc. DO NOT WRITE IN THIS SPACE		
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6. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City FL Zip Code 8. 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See ortioria on back) FILE NOW!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$5	itional	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) STEET ADDRESS 10. Election Campaign Financing Trust Fund Contribution. Added Check Payable to Department of State 11.		
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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 in		

SIGNATURE:

205-271-8299