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2001 UNIFORM BUSINESS REPORT (UBR)

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Principal Plac	e of Business		Mailing Address			SECRET TALLAHA	ASSEE.	FLORI	ĎΑ
2106 BISPHAM ROAD. SUITE B SARASOTA FL 34231			2106 BISPHAM ROAD.	SUITE B					
SAHASUTA 1	FL 34231		SARASOTA FL 34231				 Cann ac no c an	01 11 611 00 118	BBSH 1881 (88)
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address					DI () E II 4E II I	£8111 (691 1991
			Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	ACE	
City & State			City & State		4. FEI N	lumber 65-0807495	· · · · · · · · · · · · · · · · · · ·		plied For
Zip		Country	Zip	Country	5. Certif	ficate of Status Desired		5.00 Add	
- 1	6. Name a	and Address of Current Re	gistered Agent	<u> </u>		e and Address of New Reg	Fee	e Require	<u> </u>
			9.0	Name			<u></u> .g		
PATTERSON, JOHN					dress (P.O. Box N	lumber is Not Acceptable)			
	TA FL 34231	ton Boulevard, Suiti	± 1	-			· · · · ·		
	IN I E OTEOI			l l					
			•	City			FI	Zip Code	=
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	named entity s	submits this statement for th	e purpose of changing it	<u> </u>	egistered agent, o	or both, in the State of Florid		Zip Code	9
3. The above		٠,	, ,	ts registered office or re			a.	Zip Code	3
3. The above		submits this statement for th.	, ,	<u> </u>				Zip Code	•
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3. The above	Signature, typed or	٠,	FILE N Make Check P	Is registered office or report in the second of the second	required when reinstati		DATE		
3. The above	Signature, typed or	printed name of registered agent and to	FILE N Make Check P	Is registered office or represent signature NOW!!! FEE IS \$5	required when reinstati	ng)	DATE		
3. The above SIGNATURE D. ITLE HAME HAME HAME	Signature, typed or MGRM 1071606 O 253 ROBIN	printed name of registered agent and to MANAGING MEMBERS NTARIO INC. IA ROAD	FILE N Make Check P	Is registered office or respectively. The Registered Agent signature. NOW!!! FEE IS \$5 Payable to Departm 10. TITLE NAME STREET ADDRESS	required when reinstati	ng)	DATE		
3. The above SIGNATURE ITLE IAME ITREET ADDRESS HTY-ST-ZIP	MGRM 1071606 O 253 ROBIN ANCASTER	printed name of registered agent and to the second	FILE N Make Check P S/MEMBERS Delete	Is registered office or respectively. It is registered Agent signature. NOW!!! FEE IS \$5 Payable to Department of the control	required when reinstati	ng)	DATE] Change	Addition
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