8/3 764-0242 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent Eignature required when reinstatisty) DATE						<u> </u>			Finte	· 4		
Principal Place of Business	1. Entity Nar	ne	70000	01221								
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2. Principle Place of Business Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State												
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Zip Country Zip Country 5, Certificate of Status Desired \$5,00 Additional Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent 7, Name and Address of Name Registered Agent 8, Name Registe	City & Star	te	City & State			4. FEI I	50-2/77159					
GALLAGHER, DANIEL M 702 HITCHCOCK STREET PLANT CITY FL 33566 City FL Zip Code 6. 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 Signars, typed or printed name of ing tasses agent and disk if applications. MARIAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES MARIAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES	Zip	Country	Z	/ip	Coun	try	5. Cert	ificate of Status Desired		\$5.00 Ad	ditional	
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