2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001033 1. Entity Name							SECRETARY OF STATE DIVISION OF CORPORATIONS OO JAN 13 AM II: 45				
Principal Plac	e of Rusines		Mailing Address					•	-		
4004 BAY POI	•	4004 BAY POINTE DRIVE									
GULF BREEZE FL 32561				GULF BREEZE FL 32561-2916							
								11111 (1111) 111			
2. Principal P	lace of Busin	ness	3. Mailing Address			 					
										MJH	
Suite, Apt. #, etc.							DO NOT WRITE	IN THIS SE	PACE		
City & State	е		City & State	City & State			umber 59-3524067	•••		pplied For at Applicable	
Zip Country			Zip	Zip Countr				\$	5.00 Add		
							icate of Status Desired	<u>خ</u> ك	ee Reguire		
6. Name and Address of Current Registered Agent							and Address of New Re	gistered Ag	jent		
MARLER, RONALD					Stroot Add	dress /P.O. Boy No	(mbar is Not Acceptable)	<u> </u>			
4004 BAY POINTE DRIVE					Sileet Add	21000 (F.O. DOX N	umber is Not Acceptable)				
GULF BREEZE FL 32561											
					City		 :	FL	Zip Cod	е	
8. The above	named entit	y submits this statem	nent for the purpose of changing its	registere	d office or re	egistered agent, o	or both, in the State of Flori	da.			
SIGNATURE .	Signature, typed	or printed name of registered	d agent and title if applicable (NOT	required when reinstating	9)	DATE					
			FILE No Make Check Pa		EE IS \$50 Departmo				·		
9.		MANAGING M	MEMBERS/MEMBERS	10.			ADDITIONS/C	HANGES			
TITLE	MGRM	DOMALD	Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	Marler, 4004 Bay	POINTE DRIVE			ET ADDRESS		600003 -01/20	103	796		
CITY-ST-ZIP		EZE FL 32561		PTIIS	ST-ZIP			/UUU 5 0.00 .	1013=- 東東東東	-Uib 	
TITLE	MGRM	DORCOT:D ID	⊠ Delete	TITLE				~~.~~	Charige	`~[`~] *Additton	
NAME STREET ADDRESS	MARLEN,	POINTE DRIVE			ET ADDRESS						
GITY- 8T- ZIP	GULF BRI	EZE FL 32561		CITY	\$1-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	}				ET ADDRESS					1	
CITY- ST- ZIP				CITY-	81-ZIP						
TITLE Name	-		· · · Delene	TITLE NAM		_		l	Change	Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP				CITY-	8T-ZIP						
TITLE NAME .*			Delete	TITLE				l	Change	Addition	
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STREET ADDRESS					ET ADDRESS					Ì	
CITY- 8T- ZIP					ST-ZIP	12.0	7000 5				
indicated	on this repor	rt is true and accurate	d with this filing does not qualify for e and that my signature shall have	the same	legal effect	as if made under	oath; that I am a managir	urther certif ig member	y that the ir or manage	r of the	
limited lia	Dility compai	ny or the receiver or t	trustee empowered to execute his	report as	required by	unapter 608, Flo	iua Statutes.			\	
SIGNATURE: MALO WHALE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER DELO DOUBLE DELO DOUBLE DE DO											