2001	UNIFORM	BUSINESS	<b>REPORT</b>	(UBR)
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Principal Place of Business 228 MARCHALE ROAD, SUITE 564 MARCES FL 34109  2. Principal Place of Business Suite, April 4, 000.  2. Principal Place of Business Suite, April 4, 000.  3. Maling Address City 5. State City 6. Name and Address of Current Registered Agent City 6. State City 6. Name and Address of Northerist Registered Agent Nerre State Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In Not Acceptable)  December 1. Name and Address of Northerist In	1. Entity Name						FILED				<u> </u>	
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City & State  City & State  City & State  City & State  Country  Country  Country  S. Carrificate of Status Desired  S. Name and Address of Current Registered Agent  Name  BAWELLO, MICHAEL A ESO.  1255 FIFTH AVENUE NORTH  NAPLES FL 34102  City  FL Zip Code  Sheet Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  Signature  City  FL Zip Code  City  City  City  City  FL Zip Code  City  City  City  City  City  City  City  City  FL Zip Code  City  C	2. Principal P	lace of Business	3. Mailing Address				1 '	1880  1881   1		n <b>ie</b> nau <b>ei</b> tre	i <b>u</b> ni <b>uu</b> iisi n <b>uu</b> i	
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Signature    Signature   Signa	City & State	e	City & State				4. FEI N	umber 59-3588897		<del></del>	<u> </u>	7
6. Name and Address of Current Registered Agent  Name  BAVIELLO, MICHAEL A ESO. 1025 FIFTH AVENUE NORTH  NAPLES FL 34102  City FL Zip Code  8. The above named apartic for the purpose of changing its registered define or registered agent, or both, in the State of Florida.  SIGNATURE  FILE N. WHI FEE S \$50.00  Make Check P & abile to Department of State  NAME  SIGNATURE  MANAGING MEMBERS / MEMBERS  OTHERS ADDRESS  OTHERS ADDRESS	Zip	Country	Zip	Coun	ntry		5. Certifi	cate of Status Desired		5.00 Add	ditional	
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