2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Principal Place of Business Mailing Address 206 150TH AVENUE 206 150TH AVENUE									TALLAF	iassee,	FLORIDA	1	
MADERIA BEACH FL 33708 MADERIA BEACH FL 33708												-	
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u>V</u>	DO NOT WRITE IN THIS SPACE						
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3270	Cou	ntry UCN	Zip2-2700	Coun	try JCK	Ĺ	5. Certi	ficate of S	tatus Desire	d 🔲	\$5.00 Ac	Iditional	7
777	6. Name and A	ddress of Current R	legistered Agent	·	7035	Ţ	7. Nam	e and Add	tress of Ne	v Registered	Fee Require Agent	BCI	1
MELLE	PUIDLEV I	۱.			Name]
NELLE, SHIRLEY J 206 150TH AVENUE							s (P.O. Box Number is Not Acceptable)						
MADERIA BEACH FL 33708													
						City FL Zip Code							7
8. The above	named entity submi	ts this statement for t	the purpose of changing its r	eglistere	ed office or	registe	d jagent,	or both, in	the State of	Florida.	!,		7
SIGNATURE .	Shirley Signature, typed or printed	NELL name of registered agent and	d title if applicable. (NQTE:	Registered	Agent rignati	ure required v	4 Mon reinstati	u		04/	15 2	001	
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9.	N	MANAGING MEMBER	RS/MEMBERS	10.	····	-			ADDITION	IS/CHANGE	S '		4
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indicated of the limited lief	ertity that the information this report is true polity company or the	ation supplied with the and acsurate and the received or trustee or	is filing does not qualify for that my signature shall have the mpowered to execute this re	he exen e same	nption state legal effec	ed in Sect at as if ma	tion 119.0 de under	7(3)(i), Flo	rida Statute: I am a man	s. I further ce aging memb	rtify that the in er or manage	nformation r of the	
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	SIGNATURE AND TYPES	OF-REINFED NAME OF S	GNING MANAGING MEMBER, MANA	GEA, OA A	WTHORIZED	REPRESENT	ATIVE		Clate		Daytime Phone #		