## 2001 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE    City & State   City & State   City & State   A, FEI Number 59 - 3670973   Applicable    Zip   Country   Zip   Country   S. Certificate of Status Desired   S.00 Additional    Fee Required    R. Name and Address of Current Registered Agent   Name    SNOW, TERRY   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code    8. The above named ontity submits this statement for the purpose of changing its registered dignt, or both, in the State of Fonds.  SIGNATURE   Signature, need or princed signed and the ill explication   Oroll Programme Agent synature recycle definition or registered agent, or both, in the State of Fonds.  SIGNATURE   Debte   TILE   NW/III FEE IS \$50.00    Make Check Pa / Abbit to Department of State    9. MANAGING MEMBERS / MEMBERS   Debte   TILE   NW/III FEE IS \$50.00    Make Check Pa / Abbit to Department of State    9. MANAGING MEMBERS / MEMBERS   Debte   TILE   NW/III FEE IS \$50.00    Make Check Pa / Abbit to Department of State   Change   Addition    SIGNATURE   Debte   TILE   NW/III FEE IS \$50.00    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    MANAGING MEMBERS / MEMBERS   Debte   TILE   NW/III FEE IS \$0.00    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Addition    Make Check Pa / Abbit to Department of State   Change   Abbit to Department of State    Make Check Pa / Abbit to De	·				FILED	
Pincipal Place of Business Mailing Address 40 NORTH ORLANDO AVE. STE. 200 WINTER PARK FL 22789  2. Principal Place of Business Suite, Apr. 4, etc.  City & State Country December 1, Neme and Address of Norw Registered Agent Norm, State City & State City					OLUAY O DM 1-10	
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City & State  Country  S. Certificate of Status Desired  \$5.00 Additional Fee Required Fee	2. Principal Place of Business		3. Mailing Address			
South Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
South Country	City & State		City & State		4. FEI Number 59 - 3670973 Applied For Not Applicable	
SNOW, TERRY 460 NORTH OPLANDO AVE. WINTER PARK FL 32789  City  FL  Zip Code  8. The above named ontity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida.  SIGNATURE    Gruitor, typed or printed name of registered agent and late if approache. (NOT)   Registered Agent spreadure recursor when remarkancy)   GATE    FILE N   WITT FEE   \$50.00	Zip	Country	Zip	Country	5 Contificate of Status Desired	
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460 NORTH ORLANDO AVE. WINTER PARK FL 32789  City FL Zip Code  8. 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  SIGNATURE SI				Name		
B. 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    Signature   proed or printed name of registered agent and tise if explicable.   (NOT)   Registered Agent signature required when reincetting)   DATE    FILE N WI!! FEE IS \$50.00     Make Check Pe   Able to Department of State				Street Address (P.O. Box Number is Not Acceptable)		
8. 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  Signature, typed or printed name of registered agent and late if applicable. (NOT) Registered Agent algorithms required when reinstancy)  DATE  FILE N. W.!! FEE IS \$50.00  Make Check Ps able to Department of State  SITES AGENCY TO THE CHANGES  THE NAME SITES AGENCY TO THE CHANGES  CITY-ST-ZP  THE NAME SITES AGENCY TO THE CHANGES  CITY-ST-ZP  THE NAME SITES AGENCY TO THE CHANGES  CITY-ST-ZP  THE NAME SITEST AGENCY TO THE CHANGES SITEST AGENCY TO THE CHANGE SITEST AGENCY TO						
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		ertify that the information supplied w	with this filing does not qualify for the		stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information	