FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 01, 2002 8:00 am Secretary of State 05-01-2002 91553 017 ***150.00

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To Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE BREAZEALE. HOPKINS P. III Sinest Address of Colon Number is not Acceptable) SOS OCEAN BOULEVARD CIV SARASOTA FL Zip Code 34247 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 2 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 2 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 3 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 4 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 5 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 5 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 6 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 6 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 6 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 6 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 6 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 6 System's broader primed name of registered agent, or both, in the State of Florida. SIGNATURE 6 SYSTEM Name of Primed Name of Registered Regi		1 7	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Additional	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR