2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # M7737 ssociates, inc.	' 5		S	a 27, 200 ecretary o1-27-2002 90149	of Sta	ate
Principal Plac 3109 MANATI TAVARES FL US		Mailing Address P.O. 08% 523 OCOEE/PL 34761	-	 	100H H 100 HH1 (100H AH1 A	3 (1 3(3)) 3 (3)) 3 (3))	1114 (1111 (111)
2. Principal Place of Business		3. Mailing Address P.O. B x 15/4		DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. TAVARES					
City & State		City & State		4. FEI Number	FEI Number 59-2936925		pplied For ot Applicable
Zip	Country	32778	Country U.S	5. Certificate of S		\$8.75 Ad Fee Require	-
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Add	tress of New Register	ed Agent_	
CARLSSON, FRANK B., SR. 3109 MANATEE RD. TAVARES FL 32778				P.O. Box Number is	Not Acceptable)		-
IAVARES	o FL 32116		City		F	Zip Coo	de
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW After May 1, 20			: Registered Agent signature require !! FEE IS \$150.00 22 Fee will be \$550.00 ile to Department of St	10. Election	; DAT n Campaign Financing und Contribution.	\$5.0	00 May Be d to Fees
11.	OFFICERS AND D		12.	ADDITIONS/CHA	ANGES TO OFFICERS A	AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARLSSON, FRANK B.,SR 3109 MANATEE RD. TAVARES FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUSAN M. CARLSSON 3109 MANATEE RD. TAVARES FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition &
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
13. I hereby of indicated of the corchanged,	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyor on an attachment with an address of the contract of the	his filing does not qualify for rue and accurate and that m verect to execute this report in all other like empowered.	the exemption stated in S ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Fl same legal effect as 7, Florida Statutes; ar	orida Statutes. I further if made under oath; than that my name appea	certify that the i t I am an office rs in Block 11 c	nformation r or director or Block 12 if

SIGNATURE:

MOURED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR