2000 UNIFORM BUSINESS REPORT (UBR)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS TITLE MARK SCOTT, W. GUY THERET ADDRESS #701. 10201 JASPER AVENUE Fee Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 10. ADDITIONS/CHANGES TITLE MARK SCOTT, W. GUY THERET ADDRESS #701. 10201 JASPER AVENUE	Applied For Not Applied Applied
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State Country S. Certificate of Status Desired \$5.00	Applied For Not Applied For Additional quired
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State Country S. Certificate of Status Desired \$5.00	Applied For Not Applied For Additional quired
City & State City & State City & State City & State Country Country Country S. Certificate of Status Desired \$5.00 Fee Re 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Signature. Lyped or printed name of registered agent and time if applicable. NOTE Registered Agent signature required when reinstating) PLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MGR SCOTT, W. GUY STREET ADDRESS FILE NOW!! FEE IS \$50.00 Make Check Payable to Department of State SCOTT, W. GUY STREET ADDRESS FILE NOW!! FEE IS \$50.00 MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE STREET ADDRESS ######\$-50.00 ##################################	Not Applicable Additional quired
Signature Sign	Not Applicable Additional quired
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Signature. Ivped or printed name of registered agent and title if applicable. Fee Registered Agent in Name Signature Signature required when reinstating) Fee Registered Agent in Name City FL Zip 6. 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FEE Registered Agent in Name FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check P	Additional quired
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) PLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MARKE SCOTT, W. GUY TITLE MARKE SCOTT, W. GUY STREET ADDRESS #701, 10201 JASPER AVENUE EDMONTON. ALBERTA, CANADA TREET ADDRESS ETTY-ST-ZBP *********SO.00 **********SO.00 ***********SO.00 ***********SO.00 ***********SO.00 ***********SO.00 **********SO.00 ***********SO.00 ***********SO.00 ************SO.00 ***********SO.00 ***********SO.00 ***********SO.00 ***********SO.00 ***********SO.00 ***********SO.00 ************SO.00 ************SO.00 ************SO.00 *****************SO.00 ***************SO.00 **********************************	<u></u>
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip 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 title if applicable. NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS TITLE MGR SCOTT, W. GUY \$TREET ADDRESS CITY- \$17-21P #######\$50.00 *##################################	Code
City FL Zip 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE NAME SCOTT, W. GUY \$TREET ADDRESS GTY- \$1-ZIP TO 1, 10201 JASPER AVENUE EDMONTON. ALBERTA, CANADA CITY-\$1-ZIP ******50,00 ***	Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS TITLE NAME SCOTT, W. GUY STREET ADDRESS #701, 10201 JASPER AVENUE EDMONTON. ALBERTA, CANADA FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 10. ADDITIONS/CHANGES TITLE NAME SCOTT, W. GUY STREET ADDRESS GITY-ST-ZIP EDMONTON. ALBERTA, CANADA CITY-ST-ZIP FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP ***********************************	
Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS 10. ADDITIONS/CHANGES TITLE NAME SCOTT, W. GUY STREET ADDRESS #701, 10201 JASPER AVENUE EDMONTON. ALBERTA, CANADA Make Check Payable to Department of State 10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP #******50,00 ***	
MGR	
NAME SCOTT, W. GUY NAME SOUD 31214 E STREET ADDRESS #701, 10201 JASPER AVENUE STREET ADDRESS -02/02/000109 CITY-8T-ZIP EDMONTON. ALBERTA, CANADA CITY-8T-ZIP *******50, 00 ***	<u>_</u>
#701, 10201 JASPER AVENUE #701, 10201 JASPER AVENUE #****50, 00 **	
	5018 ***50.00
NAME EDGAR, PETER NAME	_
STREET ADDRESS #701, 10201 JASPER AVENUE CITY-ST-ZIP EDMONTON, ALBERTA, CANADA CITY-ST-ZIP CITY-ST-ZIP	
TITLE MGR . Debuts TITLE	nge Addition
NAME LYONS, RICKY STREET ADDRESS #701, 10201 JASPER AVENUE STREET ADDRESS	
EDMONTON, ALBERTA CANADA CITY-8T-ZIP	
TITLE Delecte TITLE SAME	nge 🗌 Adultion
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Chr	nge 🔲 Addition
NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP TITE CITY-ST-ZIP CITY-ST-ZIP	nooriibbA [] egn
MAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or malimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: SIGNATURE DATE OF SIGNING MANAGING MEMBER OR MANAGER Date Date	