10 5 00 54-393-4480

2000 WHIFORM BUSINES REMARK (UBR)

SIGNATURE  System typed of primed same of registered agent and see il appricable.  P. This corporation is eligible to satisfy its Intangible Tax king requirement and elects to do so.  (See criteria on back)  P. This corporation is eligible to satisfy its Intangible Tax king requirement and elects to do so.  (See criteria on back)  P. THE NOW!! FEE IS \$550.00  After SEPTEMBER 13, 2000 Min. will be \$759.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MANY STREET ADDRESS  DITY-ST-2P  THE MANY STREET ADDRESS  STREET ADD	2000 (		MESS PERO	שו נע	, on	•			
Principal Place of Business 7990 Fast Way TFM   3348 TEME  BOLD LAND FL 3348 TEME  Suite, Act 6 etc.   Suite And 4 etc.   DO NOT WRITE IN THIS SPACE  City 6 State   County   Zip   Country   S. Certificate of Status Descript   S\$7.5 Adaptional Temps Recognized Agent   T. Name and Address of Courter Registered Agent   Name   State Acceptable)  BOLD FAST RESIDENCE   Suite Acceptable)  Some County   Zip   Country   S. Certificate of Status Descript   S\$7.5 Adaptional Temps Recognized Agent   T. Name and Address of New Registered Agent   Name   State Acceptable)  BOLD FAST RESIDENCE   State Acceptable   State Acc	DOCUMENT # M99/5/ 1. Entity Name					FILED SECRETARY OF STATE			
Mailing Address  Through Place of Bunness  2. Papping Place of Bunness  3. Mailing Address  Suite, Apt 8, etc.  Suite, Apt 8,	PAIM	DEVELOAMENT	* LODS TA	SC41 r				<u>\$</u>	
2. Pace and Place of Business 3. Majoring Address 5. State	Principal Place of Business Mailing Address					00 DEC 15 PM 1:04			
2. Pace guil flypes of Business 3. Majoring Address 5. Share 4. Feb. 2. Surve, Apr. 4, etc.    Surve, Apr. 4, etc.   Surve, Apr. 4, etc.   City & State	7900 Pail Way TEA!								
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   DO NOT WRITE IN THIS SPACE	BOEA LAGON FL 33487								
City & State    City & State	2. Principal Place	of Business	3. Mailing Address						
Zo	Suite, Apt. #, et	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  FLE Top Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FLE Top Code  Street Address (P.O. Box Number is Not Acceptable)  The Street Address (P.O. Box Number is Not Acceptable)  FLE Top Code  Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Acceptable)  International Street Address (P.O. Box Number is Not Accep	City & State	City & State City & State				1 6 - AAD 1 3 2 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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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	6	. Name and Address of Current R	egistered Agent	Na	ame	7. Name and Address of New Registered	l Agent		
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	William F. Source				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	7900	PARENTE IN	l 			· ,			
SIGNATURE Synchrus point of printed same of registered agent and take it appricable. PRILE NOW!!! FEE IS \$550.00  Tax fluing requirement and elects to do so.   After SEPTEMBER 13, 2000 Min. will be \$750.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILE NAME  SIREET ADDRESS DITY-ST-2P  TITLE  MAME  SIREET ADDRESS DITY-ST-2P  TITLE  Delete  TITLE  MAME  SIREET ADDRESS DITY-ST-2P  TITLE  Delete  TITLE  MAME  SIREET ADDRESS DITY-ST-2P  TITLE  MAME  SIREET ADDRESS DITY-ST-2P  TITLE  MAME  SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-ST-2P  TITLE  MAME SIREET ADDRESS DITY-S	BOCA	RAGO FR 3	3487	Ci	ty	F	Zip Co	de	
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		that the information supplied with this report or supplemental report is to	his filing does not qualify for th		- i	ction 119.07(3)(i), Florida Statutes. I further or	ertify that the i	information r or director	

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<sup>्रम</sup>े <sup>(रा.</sup> October 1; 2000

# 65-0091235

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed please find 2000 Uniform Business Report along with my check in the amount of \$300.00. This represents payment for 1999 return and 2000 return. I recently was informed that neither payment was made due to change of address and never receiving forms.

Thank you,

William Stone