2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1421



FILED Jul 17, 2001 8:00 am Secretary of State

Signature File Now: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OFFICERS AND DIRECTORS IN 10 Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS TO Clark Street Address of New Registered Agent Name Street Address of New Registered Agent Fee Required Fee Required \$8.75 Addritional Fee Required \$8.75 Name and Address of New Registered Agent Name Street Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Street Address of New Registered Agent Name Name STREET ADDRESS STREET ADDRESS	15100 NE 150 FT. MCCOY F						-			
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE		OTH AVE.	3	15100 NE 150TH AVE. FT. MCCOY FL 32134	:					
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Solution of Country Country Solution of Country Solution o	· · · · · · · · · · · · · · · · · · ·	Place of Busir	ress	3. Mailing Address						
Zip Country Zip Country 5, Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLANAGAN, STEPHEN L 15100 NE 150Th AVE. FT. MCCOY FL 32134 City 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 Suprement Propagation agent and time of applications agent and				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 FLANAGAN, STEPHEN L 15100 NE 150TH AVE. FT. MCCOY FL 32134 City City FL 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 Supposite printed name of registered agent and site of application (NOTE Registered Agent signature required when reinstaining) PATE FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 Pee Required 7. Name and Address of New Registered Agent City FL Zip Code (NOTE Registered Agent signature required when reinstaining) DATE FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 IT ust Fund Contribution. Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME CHEATOM, JANE STREET ADDRESS 5490 NE 24TH ST OCALA FL 34470 Delete TITLE STD Delete TITLE NAME FLANAGAN, STEPHEN L STREET ADDRESS	City & Sta	ite '		City & State			4. FEI Number 59	-2490293		oplied For ot Applicable
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indicated: on this: Teport or supplied must use initing does not qualify in the elemental report of 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

7-10-2001