**FILED** 

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)  KILPATRICK, KELLEY Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  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 Signands typed or freed registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Added to Fees  Make Check Payable to Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	d For
STE B  CLERMONT FL 34712 US  2. Principal Place of Business STAME  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired	d For
2. Principal Place of Business  Simble  2. Principal Place of Business  Suite. Apt. #, etc.  Suite. Apt. #, etc.  DO NOT WRITE IN This SPACE  City & State  Country  Zip  Country  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  For Required  For Required  For Required  For Required  For Required  For Stroet Address of Now Acceptable)  Stroet Address of Now Registered Agent  Name  Signature  File Now:  Signature  File Now:  Fee Is \$81.25  File Now:  Fee Is \$81.25  Furst Fund Contribution.  Dealeds  File Now:  File DO  OFFICERS AND DIRECTORS  11. Additions/CHANGES TO OFFICERS AND DIRECTORS IN 10  Title  Now:  Signature  FILE NOW:  Fee Is \$81.25  File Now:  File DO  OFFICERS AND DIRECTORS  11. Additions/CHANGES TO OFFICERS AND DIRECTORS IN 10  Title  Now:  Signature  FILE NOW:  File EDD  OFFICERS AND DIRECTORS IN 10  Dealeds  Now:  Signature Countribution.  Signature City Signature  Addied to Fees  Make Check Payable to Department of State  ONITE Now:  Signature City Signature  Addied to Fees  Addied to Fees  Make Check Payable to Department of State  10. OFFICERS AND DIRECTORS IN 10  Bedds  Signature City Signature  Addied to Fees  Make Check Payable to Department of State  11. Additions/CHANGES TO OFFICERS AND DIRECTORS IN 10  Signature City Signature  Addied to Fees  Make Check Payable to Department of State  City Signature  Signature City Signatu	d For
2. Principal Place of Business  SIME  Suite. Apt. #, etc.  City & State  Country  Country  S. Certificate of Status Desired  State Street Address of New Registered Agent  Name and Address of New Registered Agent  Name State  KILPATRICK, KELLEY  635 W HWY 50  STE B  CLERMONT FL 34711  City  FL  Zip Code  FL  Z	d For
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  Country  Street Address of New Registered Agent  T. Name and Address of New Registered Agent  KILPATRICK, KELLEY 635 W HWY 50  STE B  CLERMONT FL 34711  City  FL Zip Code  FILE NOW: FILE NOW: FILE NOW: FEE IS \$61.25  Trust Fund Contribution.  DATE  City  FL Zip Code  FILE NOW: FILE NOW: FILE NOW: FEE IS \$61.25  Trust Fund Contribution.  Added to Fees  Make Check Payable to Department of State  Trust Fund Contribution.  TITLE NAME  SIRET ADDRESS  SIRET ADDRES	d For
City & State  City & State  City & State  City & State  4. FEI Number 59-2994561  Applier Not Applier Not Applier Street Address of Status Desired  Street Address of Status Desired  Street Address of New Registered Agent  Name and Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)	pplicable
Zip Country Zip Country 59-2994561 Not Application of Status Desired \$8.75 Addition Fee Required    6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent    Nam	pplicable
Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Addition Fee Required   Status Desired   \$8.75 Addition Fee Required   S. Name and Address of New Registered Agent   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   STE B   CLERMONT FL 34711   City   FL   Zip Code	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name and Address of	
KILPATRICK, KELLEY 635 W HWY 50 STE B CLERMONT FL 34711  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  Signand, typed or flood representation and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  PATE  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE NAME KILPATRICK, JOHN W STREET ADDRESS  5120 GEORGE RD  NAME STREET ADDRESS  SIZECT	
STE B  CLERMONT FL 34711  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, typed or of the diname of registered for the purpose of changing its registered Agent signature required when reinstating)  FILE NOW:  FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  35.00 May Be Added to Fees  Make Check Payable to Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS  5120 GEORGE RD  KEED  Trust Fund Contribution.  STREET ADDRESS  STREET ADDRESS  10. Street ADDRESS  STREET ADDRESS  STREET ADDRESS  10. Street ADDRESS  STREET ADDRESS  10. Street ADDRESS  STREET ADDRESS  10. Street	
STE B CLERMONT FL 34711  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. Typed or infred name of registered 20th and title if applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing FEE IS \$61.25  9. Election Campaign Financing FILE NOW: FEE IS \$61.25  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS  5120 GEORGE RD  KEED  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  RAME SIGNATURE  City  FL Zip Code  RAME SIG	
STE B CLERMONT FL 34711  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.	
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 \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  FILE NOW: FEE IS \$61.25  TITLE NAME STREET ADDRESS  5120 GEORGE RD  KILPATRICK, JOHN W STREET ADDRESS  5120 GEORGE RD  City  FL Zip Code  Added to Fees  PARIS TRUST FLORE Agent agent, or both, in the state of Florida.  122/01  22	
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  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  P. Election Campaign Financing Added to Fees  STREET ADDRESS  TITLE  NAME  STREET ADDRESS  STRE	
SIGNATURE    Signature   Signa	(
TITLE EDD  KILPATRICK, JOHN W  KILPATRICK, JOHN W  KEED  Delete  TITLE  NAME  STREET ADDRESS  TIES ACTING TREASURER  DANIEL MESKS  TIES N 66445 54. 46	
NAME KILPATRICK, JOHN W KEED NAME DANIEL MEEKS STREET ADDRESS 5120 GEORGE RD KEED STREET ADDRESS 1628 N 6644 64.	$\Box$
STREET ADDRESS 5120 GEORGE RD KEED / STREET ADDRESS 7628 N 5644 64.	Addition 8
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TITLE 2VP TITLE ST VP	uoilippy volume
NAME PADGETT, ROBERT NAME ROBERT ( )	١
STREET ADDRESS 2332 CROYDON RD STREET ADDRESS 2332 CROYDON RD CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP SEBRING RL 33870	Ì
	Addition
NAME LACER, DEBRA	-
STREET ADDRESS 17949 W SR 50 STREET ADDRESS 1628 N. 564 St. 46	[
CITY-ST-ZIP WINTER GARDEN FL 33880 CITY-ST-ZIP TAMOA, FL 33617	
	Addition
WAME LACEK, MARK STREET ADDRESS 17949 W SR 50  AME STREET ADDRESS THE TADDRESS AVE.	
ATY-ST-ZIP WINTER GARDEN FL 34787 CITY-ST-ZIP FT: LANDERDALE, FL 3331	
2.40	Addition
TARREST PENNING I	J
STREET ADDRESS   25343 SW 142ND AVE	
HOMESTEAD FL 33032 CITY-ST-78 HOME STEAD, FL 83032	A 4 / 10/
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Addition
IMARTIN, GEORGE  IREET ADDRESS 744 N. ANDREWS AVE  NAME  STREET ADDRESS STREET ADDRESS 440 N. S. R. T.	
CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP PLANTIATION. FL. 33317	
12. 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 the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the informatind cated 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 direction 119.07(3)(ii).	
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 direct 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 changed, or on an attachment/with an address, with all other like empowered.	
changed, or on an attachment with an address, with all other like empowered.	ition