## FILED Jan 25, 2001 8:00 am Secretary of State 01-25-2001 90161 043 \*\*\*\*70.00

## **2001 UNIFORM BUSINESS REPORT (UBR)**

rincipal Place of Busine	ss <sub>7</sub>	Mailing Address	_	
1 <b>0051 HW</b> Y 97A WALNUT HILL FL 32568 US		10051 HWY 97A WALNUT HILL FL 32568 US		
2. Principal Place of Bus	iness	3. Mailing Address		
Suite, Apt. #, etc.	<del></del>	Suite, Apt. #, etc.	otc.	
City & State		City & State		
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Zip Country Zip Country 59-3052732   Not.  Zip Country 59-3052732   Not.  \$8.75 Addit \$2.58.75 A		, BIBIL PIALI PIE	88					
City & State  Country  Country  Country  Country  Country  Solution and Address of Current Registered Agent  Name  Stroet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Required  City  FL  Zip Code  City  FL  Zip Code  Required  City  FL  Zip Code  Required  City  FL  Zip Code  Required  Agent signature required element of replaced agent and the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE  FILE NOW: FEE IS \$61.25  PO  OFFICERS AND DIRECTORS  Trust Fund Contribution.  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  MALNUT HILL FL  TITLE  NAME  STREET ADDRESS  GOVERN ST-SP  TITLE  TITLE  NAME  STREET ADDRESS  GOVERN ST-SP  TITLE  TITLE  NAME  STREET ADDRESS  GOVERN ST-SP  TITLE  TITLE  DOS1 HWY 97A  WALNUT HILL FL  Change  Chan	B1841 81011 1383					3. Mailing Address	rincipal Place of Business	
Zip Country Zip Country 59-3052732   Not./  Siphilicate of Status Desired		PACE	DO NOT WRITE IN THIS SI			Suite, Apt. #, etc.	<del></del>	uite, Apt. #, etc.
Zip Country Zip Country 5. Certificate of Status Desired  \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	Applied For	Apr	FA 00F0700	Country Zip Country 5-3052732  Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Reg  Name Street Address (P.O. Box Number is Not Acceptable)  Y 97A  IILL FL 32568  City  City  FILE NOW: FEE Is \$61.25  OFFICERS AND DIRECTORS  Trust Fund Contribution.  OFFICERS AND DIRECTORS  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  LOWERY, CLIFFORD  G339 FOUR ST. FARM RD.  MOLINO FL  STREET ADDRESS  S	ity & State			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  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  FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Fresh Required Agent segment required when renatively  PD  Added to Fees  Make Check Payable to Department of State  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  TITLE NAME STREET ADDRESS CITY-ST-2P  HALL, JOHN E TITLE NAME LOUST HWY 97A WALNUT HILL FL  TITLE STD  MOLINO FL  STD  Delete MAKE STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE STD  MOLINO FL  STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE NAME STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE NAME STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE NAME STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE NAME STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE NAME NAME STREET ADDRESS CITY-ST-2P  MALNUT HILL FL  Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Vot Applicab	59-3052732 Not			·		*	
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HALLJOHN E  10051 HWY 97A  WALNUT HILL FL 32568  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  FILE NOW: FEE IS \$61.25  PO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  FILE NAME SITERT ADDRESS CITY-ST-2IP WALNUT HILL FL  TITLE VD OBJECT OFFICERS AND DIRECTORS SITERT ADDRESS CITY-ST-2IP WOLINO FL  TITLE STD OBJECT DOES  TOUR Delete ITTLE STD OBJECT STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP MOLINO FL  TITLE STD OBJECT STREET ADDRESS CITY-ST-2IP MOLINO FL  TITLE STD OBJECT STREET ADDRESS CITY-ST-2IP MOLINO FL  TITLE STD OBJECT STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP MOLINO FL  TITLE STD OBJECT STREET ADDRESS CITY-ST-2IP MOLINO FL  TITLE MAME STREET ADDRESS CITY-ST-2IP MAKE STREET ADDRESS CITY-ST-2IP MOLINO FL  TITLE MAME STREET ADDRESS CITY-ST-2IP MAKE MAME STREET ADDRESS CITY-ST-2IP MAKE MAME MAME MAME MAME MAME MAME MAME		gent	ddress of New Registered A	7. Name and A		egistered Agent	ne and Address of Current F	6. Name
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.					Name	<u> </u>	<u> </u>	
B. 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)    PILE NOW:						ating the same and a second	·	051 HWY 97A
SIGNATURE    Signature, hyped or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reneficially)   DATE	ode	Zip Code	FL		City		12568	ALNUT HILL FL 32
FILE NOW: FEE IS \$61.25  PD		<u></u>	in the state of Florida.	egistered agent, or both,	gistered office or re	he purpose of changing its re	tity submits this statement for	ne above named enti
FILE NOW: FEE IS \$61.25  PD								
Trust Fund Contribution.  Added to Fees  Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  PD  HALL, JOHN E  10051 HWY 97A  WALNUT HILL FL  UD  Delete  TITLE  VD  Delete  TITLE  NAME  LOWERY, CLIFFORD  6390 FOUR ST. FARM RD.  CITY-ST-ZIP  MOLINO FL  STREET ADDRESS  CITY-ST-ZIP  MOLINO FL  STD  Delete  TITLE  NAME  HALL, NANCY D  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  HALL, NANCY D  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  TITLE  NAME			DATE	required when reinstating)	tegistered Agent signature	d title if applicable. (NOTE:	ed or printed name of registered agent a	NATURE
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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.

SIGNATURE:

Daytime Phone #