2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600003293 1. Entity Name

FILED Jul 24, 2002 8:00 am Secretary of State

Principal Pl	ace of Business	Mailing Address	<u> </u>					
	TOWN PLACE	101 EAST TOWN PLACE						
SUITE 200	THE ST 00000	SUITE 200		}				
US AUGUST	TINE FL 32092	ST AUGUSTINE FL 32092						
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z. Principal	Place of Business	3 Mailing Address	AIA<	mule				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	• • • • • •	Duck	DC	NOT WRITE IN	THIS SPACE	
City & St	ate	City & State	١. ٢	,	4. FEI Number			Applied For
Zip	Country	2 / Tugus	Country			3392622		Not Applicable
		240BO	SE FE	hres	5. Certificate of Status	s Desired	\$8.75 A Fee Requi	dditional red
	6. Name and Address of Current I	Registered Agent			7. Name and Addres	s of New Regist		
			Name	≥MAY:	Managemen	V- ISEOU	ACS TI	7
DAVIDSO	ON, JAMES E JR		Street	Address (P	O. Box Number is Not	Acceptable)	coo, IN	<u>. </u>
	T TOWN PLACE		<u> </u>	<u>475</u>	LIEST TOWN	PLACE		
SUITE 20				Suata	-116			
ST AUGI	USTINE FL 32092		City	SID	austine		FL Zip Co	de 10
8. The above	e named entity submits this statement for	the purpose of changing its	recistered office	or remistere			<i>)</i>	092
the obliga	ations of registered agent.				Total of political time	State of Florida.	I am tamiliar with	n, and accept
		- /\		- ///	11/1/11	1		
SIGNATURE		<u> </u>			<i> </i>	16/02		
	Signature, typed or printed name of egistered agent ar	nd title if applicable. (NOTE.	Dogistania de la contrata					 _
			. negisteled Agent sign	ature required	nen reinstating)	D	ATE	
			·	X	nen reinstating)	D.	ATE	
	After September 13, 2002,	9. Election Cam	paign Financing	\X \$	55.00 May Re			e to
***	After September 13, 2002, min. will be \$236.25.		paign Financing	\X \$	55.00 May Se dded to Fees	Make CI	neck Payable	e to
, ** , **,	min. will be \$236.25.	9. Election Cam Trust Fund Co	paign Financing entribution.	\\ 	55.00 May Se dded to Fees	Make Cl Depart	neck Payable tment of Stat	e
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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

SIGNATURE:

SIGNATURE REQUIRED

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