2001 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # N97000		FILEU SECRETARY OF STATE O VISION OF CORPORATION					
1	TRAFFORD INDEPENDENT BA							
Principal Plac	ce of Business	Mailing Address	_					
1207 CARSON ROAD 1207 CARSON ROAD IMMORALEE FL 34142 IMMORALEE FL 34142					01 OCT 15	PM 12: 25	5	
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2. Principal F	Place of Business	3. Mailing Address						
Sulte, Apt	. #, etc.	. Suite, Apt. #, etc.		· \	DO NOT WRITE IN THIS S	SPACE		
City & Sta	ate	City & State		4. FEI Number	5-0765977	Applied F Not Appli		: .
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Additional Fee Required.		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered /	Agent		
	•		Name					rii H
	DKS, HOYT		Street A	Street Address (P.O. Box Number is Not Acceptable)				
	RSON ROAD LEE FL 34142							
Minor	LEE PL 04 142		City		FL	Zip Code		
8. The above	e named entity submits this statement fo	r the purpose of changing Its re	egistared office o	r registered agent, or both, in	the state of Florida.	<u></u>		
		•					li	
SIGNATURE							_	
	Signature, typed or printed name of registered agent	and site if applicable. (NOTE:	Revistored Agent signal	ture required when ntinstating)	DATE			- I
ات درست میں ا	FILE NOW: FEE IS \$61.25	9. Election Camp	saion Financino	\$5.00 May Be	Make Check	Davable to		á E
	tember 12, 2001, min. will be \$2			Added to Fees	Departmen			
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIF	RECTORS IN 10		
TITLE	P	☐ Oelate	TITLE D.	D		☐ Changa 🕱 A	ddition (S)	
KAME STREET ADDRESS	HOLBROOKS, HOYT		NAME STREET ADDRESS	mark Athle 6/2 Nassau	એ			
CITY-ST-ZIP	IMMOKALEE FL 34142		CITY-ST-ZIP	Immokales	I I 34142		CHZE037	
TITLE	VD a	Delete	TILE D.	DaNNY D.	Bambay	☐ Change 🌠 A	ddition 5	
NAME STREET ADDRESS	RAÝBURIN JERRY 604 NEW MARKET ROAD		NAME STREET ADDRESS	Immokali	FEON ROS.			
CITY: ST-ZIP	HMOKALEE FL-34142		CITY-ST-7P	I MM BRAIN	E 71. 341			4
TITLE .	S .	Delata	TITLE NAME	ļ		☐ Change ☐ Ad	dition	
NAME STREET ADDRESS	DELUNA, ANGIE 4666 DELEON STREET APT #0-	288	STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33907	·	CITY-ST-ZIP					
TITLE	D - Vac. P.	☐ Delate	TITLE NAME			☐ Change ☐ Ad	dition	
NAME Street adoress	DELUNA, RAY JR		STREET ADDRESS	1				
CITY-ST-ZIP	FORT MYERS FL 33907		CITY+ST-ZIP			·	_	i i
TITLE	D	Delete	TITLE			☐ Change ☐ Ad	loition	
NAME STREET ADORESS	GREEN ROBERT F		STREET ADDRESS			$\wedge \wedge \wedge$. (1	
CITY-ST-ZIP	P.O. BOX 2340 IMMOKALEE FL 34143		CITY-ST-ZIP		/	14/4/2	2	2
THILE		☐ Delete	TITLE		(1)	Sterning Dro	dition	
NAME CTREET APPROCES			NAME STREET ANNOUSES			11, ,		
STREET ADDRESS .	4		STREET ADDRESS	I			. 9	460
CITY-ST-ZIP	İ		CITY-ST-ZIP			7	1	18 1 1 ± 1 1
	certify that the information supplied with	this filing does not qualify for the		ted in Section 119.07(3)(i), Flo	rida Statutes. I further cart	fy that the informati	on	
	certify that the information supplied with 1 on this report or supplemental report is proration or the receiver or trustee emotion, or on an attachment with an address, w	this filling does not qualify for the true and accurate and that my wered to execute this report at the all other like empowered.		ted in Section 119.07(3)(i), Flo lave the same legal effect as is apter 617, Florida Statutes; an	rida Statutes. I further cert made under oath; that I a d that my hame appears in	ify that the information an officer or direct Block 10 or Block	on etor 11 if	