## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am DOCUMENT # N97000002426

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Suite, Apt.				e, Apt. #, etc.			DO NO	T WRITE IN THIS S	PACE	
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Zip <b>32<i>5</i></b>	71	Country	Zip	2571	Country	SA	5. Certificate of Status De		<b>\$8.75</b> Add Tee Require	
		and Address of Current		<u></u>			7. Name and Address of			
				·	Name		k miller			
OLIADDA	FOED				Street	Address (P	O. Box Number is Not Acce	eptable)		
CHAPPA, FRED 4464 NORA AVE.					<u> </u>	552	i Chipper La	he		
PACE FL			1					_		
17,0216	OLO7 I		i		City	Pace		FL	Zip Cod	6
8 The above	named entity	submits this statement for	sthe purp	ose of changing its	registered office of		d agent, or both, in the state	of Florida.	1 348	<u> </u>
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SIGNATURE		our,		LICE CHOT	: Registered Agent signi	ative required	has shiretatural	DATE		<u></u>
	Signature typed	or printed harne of registered agent	and meni app	icable (NOTE	: Hegistered Agent signi	siure required v	weu remerating)	- OATE		
FILE NOW: 9 FEE IS \$61.25							Make Check Payable to d to Fees Department of State			
		<b>\$61.25</b>	1	Trust Fund Contrib	ution.					•
10.				Trust Fund Contribu	ution.	Added	to Fees	Department	of State	
10.	P	\$61.25 OFFICERS AND DIF				Added	DDITIONS/CHANGES TO C	Department	of State	
		OFFICERS AND DIF		Trust Fund Contribu	11.	Added  A President	DDITIONS/CHANGES TO C Lent Km. Ner	Department	of State	I 10
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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:

SICOLATURE (RECOURE)
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #