2000 UNIFORM BUSINESS REPORT (UBR)					FILED			
1. Entity Nan	MENT # N9800				11, 2000 08: ecretary of S			
Principal Place of Business 301 W SR 434 SUITE 317 WINTER SPRINGS FL 32708		Mailing Address 301 W SR 434 SUITE 317 WINTER SPRINGS FL 32708						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u> </u>	DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4. FEI Num 31-1636			pplied For ot Applicable	
Zip	Country	Zip	Country		e of Status Desired	\$9.75 Ad	ditional	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name an	d Address of New Regist	ered Agent		
JONES 301 W SR 434	MICHAEL D	Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 317 WINTER SPR	RINGS	FL						
32708			City			FL Zip Cod	le	
8. The above	named entity submits this statemen	t for the purpose of changing its	registered office or re	gistered agent, or b	oth, in the state of Florida.			
SIGNATURE .					09	, 0/11/2000		
	Signature, typed or printed name of registered as	ent and tile if applicable. (NOT	E Registered Agent signature r	equired when reinstating)		DATE		
	FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib		5.00 May Be Added to Fees		eck Payable to ment of State		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFICERS AN		<u>110</u>	
TITLE NAME	D	Delate	TITLE NAME				Addition	
STREET ADDRESS	LEFFLER KENNETH M 1400 WINDSOR AVENUE		STPEET ADDRESS					
CITY-ST-ZIP	LONGWOOD	FL 327506830	CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	D MILLER WILLIAM R 108 ROBIN RD, SUITE 2002	Delete	TITLE NAME STREET ADDRESS			🗌 Change	Addition	
CITY-ST-ZIP	ALTAMONTE SPRINGS	FL 32701	CITY-ST-ZIP					
TITLE NAME	D SAVELL MICAH G	Delete	TITLE NAME			🗌 Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1370 SARNO RD, SUITE A	TT 2002/	STPEET ADDRESS					
TITLE	MELBOURNE	FL 32936	CITY-ST-ZIP				C Address	
NAME		🗔 Delete	TITLE NAME			🗌 Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	······································	Delete	TITLE			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET AODRESS				-	
TITLE			CITY-ST-ZIP			<u> </u>		
NAME		🗖 Delete	TITLE NAME			🛄 Change	Addition	
STREET ADDRESS City-st-zip			STREET ADDRESS CITY-ST-ZIP					
12 I boroby c	ertify that the information supplied w	ith this films along and sucht, for			(i) Eleviale Chetudes I funth	and the strength of the	farmation	

MORRIS CRADY D 322 GEORGIA AVE

STUART FL 34994

WOODROW KANTNOR D P.O. BOX 2353

STUART FL 34995

MICHAEL C. MOEHLE D/S/T P.O. BOX 321416

COCOA BEACH FL 32932-1416

MICHAEL D. JONES D/P 301 W SR 434 SUITE 317 WINTER SPRINGS FL 32708