2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: N9900000690

1. Entity Name

		i Pl		

Principal Place of Business Mailing Address 406 WEST 19TH STREET 406 WEST 19TH STREET

FILED Feb 03, 2002 8:00 am Secretary of State

02-03-2002 90009 003 ****61.25

PANAMA CITT	rL 32400		PANAMA CIT	T FL 32405									
·													
2. Principal F	Place of Busin	ess	3. Mailing Address) e rin e rin ering (
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						DO NOT	WR!TE IN TH	IS SPACE		
City & Stat	te		City & State			4. FEI	4. FEI Number Applied For NOT APPLICABLE Not Applied For					7	
Zip Country			Zip		Cour	Country		5. Certificate of Status Desired S8.75 Additional Fee Required					
<u>-</u>	6. Name	and Address of Current	Registered Age	egistered Agent			7. Name and Address of New Registered Agent						1
SCOTT, LEE						Name Street Address (P.O. Box Number is Not Acceptable)							1
406 WEST	19TH STR				<u> </u>								
PANAMA (CITY FL 324	05			j	City				F	Zip Cod	<u> </u>	
8. The above	named entity	submits this statement f	or the purpose of	changing its r	egistere	d office or regis	stered agen	t, or both, i	n the state o	of Florida.			1
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SIGNATURE													ŀ
SIGNATURE .		or printed name of registered agen	t and title if applicable.	(NOTE:	Registered	Agent signature requ	iíréd when reins	tating)		DAT	E		ļ
									1				
FILE NOW: FEE IS \$61.25			9.	S. Election Campaign F Trust Fund Contributi				\$5.00 May Be Added to Fees		Make Check Payable to Department of State			ĺ
			}	rrust Furio Co	oninoun	JII. 🗀	Added t	o Fees		Departr	nent of State)	
10.		OFFICERS AND D	RECTORS		11.		ADDITIO	NS/CHAN	GES TO OFF	ICERS AND	DIRECTORS IN	l 10	1
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NAME	MCARTHU				NAME								5
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NAME					NAME	T ADDRESS			-				
STREET ADDRESS CITY-ST-ZIP					STREE CITY -:	T ADDRESS							
	Cortify that the	information supplied wit	this filing door	not qualify for t			Section 110	0.7/3\/i\ =	lorida Statut	les i further	certify that the in	oformation	1

Thereby ceruly trial the information supplied with this filing 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 impowered 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 addition, with all other like empowered.

SIGNATURE: