2002 UNIFORM BUSINESS REPORT (UBR)

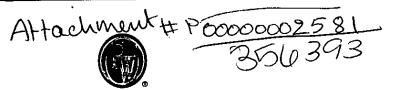
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 29, 2002 8:00 am Secretary of State P00000002581 DOCUMENT # 1. Entity Name 04-29-2002 90194 009 ***150.00 HUBSCHMAN, INC. Mailing Address Principal Place of Business 50 DOLPHIN CIRCLE 50 DOLPHIN CIRCLE ISLE OF CAPRI FL 34113 ISLE OF CAPRI FL 34113 3. Mailing Address 2. Principal Place of Business 5811 Pelican Bay Blvd. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Ste 600 Applied For 4. FEI Number City & State 59-3617258 City & State Not Applicable Florida Naples, \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 34108 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOWLER WHITE MYERS KRAUSE LAW, LESTER B ESQ. Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd. 5811 PELICAN BAY BOULEVARD SUITE 600 Ste 600 City NAPLES FL 34108 Naples 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FOWLER WHITE MAKERS KRAUSE Its: Managing Shareholder SIGNATURE BY: (NOTE: Registere 1 Agent signature required when reinstating) red agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 ☐ Addition ☐ Change TITI F ☐ Delete PSD TITLE NAME HUBSCHMAN, CONNIE NAME STREET ADDRESS 50 DOLPHIN CIRCLE STREET ADDRESS CITY-ST-ZIP ISLE OF CAPRI FL 34113 CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME < ~ = NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ■ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 it 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 507, Florida Statutes and that my name appears in Block 11 or Block 12 if

FILED

Daytime Phone #



WILLIAM H. MYERS ANDREW J. KRAUSE ROBERT J. STOMMEL

FOWLER WHITE MYERS KRAUSE

ATTORNEYS AT LAW

JEFFREY J. BEIHOFF ROBERT T. KLEINKNECHT JUDITH C. WHEELER* *Admitted Only in Ohio Of Counsel William K. Stevens

April 15, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Hubschman, Inc.

Our File Number: 95150.001

Dear Representative:

Enclosed is the 2002 Uniform Business Report for the above referenced corporation along with a check for \$150.00 made payable to the Department of State.

Should you have any questions, please give me a call.

Sincerely

Robert C. Rogers, Paralegal

RCR/ckm

Enclosures

c: Mrs. Connie Hubschman