الشيفادا

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 38.20 S. W. S. R. 200 Suite, Apr. I. Rec. City & State DO NOT WRITE IN THIS SPACE 3. Midling Accress 15.0 B. A HIP. CIPCLE DO NOT WRITE IN THIS SPACE City & State DO NOT WRITE TO COUNTY 2. Principal Place of Business 3. Midling Accress 15.0 B. A HIP. CIPCLE Suite, Apr. I. Rec. City & State DO NOT WRITE DO NOT WRITE Suite, Apr. I. Rec. DO NOT WRITE IN THIS SPACE City & State DO NOT WRITE IN THIS SPACE City & State City & State DO NOT WRITE Second Address of Gurrent Registered Apart Second Address of Gurrent Registered Apart Second Address of Current	UNIFORM BUSINESS REPORT (UBR)				SECRETARY OF STATIONS	
DO NOT WRITE IN THIS SPACE 2. PRODUPTIONS OF BUSINESS Sales Agr. I. sec. Suite, Agr. I. sec. City & Soles DO NOT WRITE IN THIS SPACE Suite, Agr. I. sec. City & Soles DO NOT WRITE IN THIS SPACE Country Application To Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent DO NOT WRITE To Country Application To Section Current Registered Agent To Sec	·				5	
DO NOT WRITE IN THIS SPACE 2. PRODUPTIONS OF BUSINESS Sales Agr. I. sec. Suite, Agr. I. sec. City & Soles DO NOT WRITE IN THIS SPACE Suite, Agr. I. sec. City & Soles DO NOT WRITE IN THIS SPACE Country Application To Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent Name Country Application To Name and Address of Current Registered Agent DO NOT WRITE To Country Application To Section Current Registered Agent To Sec	Eo.	co (415000)	CEO. Tue	_		
2. Principal Prince of Budiness 3. Mailing Accress 3. Sum, Ap. F. MC. Some, Ap. F.	- PRI	EK ENTERVE	BESTERE	•		
Sales O.S. Co. S. R. 200 Suite April - etc. Suite April - etc. City & State COP & State See Address of Cop Son Number is No Acceptable) See Address of Cop Son Number is Number in Number in Number is Number in Number	1	DO NOT WRITE	IN THIS SE	PACE		
DO NOT WRITE IN THIS SPACE Outs and Address of Country Step Address of Country The Address of Coun	8820	S. W. S. R. 200	750 BAHI	a CIRCI E	DO NOT WRITE IN THIS	: S SPACE
DO NOT WRITE IN THIS SPACE Outs and Address of Country Step Address of Country The Address of Coun			0: 10:			1 14-2 15-
Country Style="100" Styl	•		•	OPIDA		
DO NOT WRITE IN THIS SPACE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Signal Aurity 1 May 1 Fig. 1 \$180.00 Annihilated 188 is \$81.35 Aurity 1 Fig. 2 \$18.00 Annihilated 188 is \$81	Zip	Country	Zip		<u>_</u>	\$8.75 Additional
DO NOT WRITE IN THIS SPACE IN THIS SPACE City Cala Bullian Control of Companies the Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature 9. This corporation is eligible to saidly its Infrangible Tax Ring requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. DIRECTORS AND DIRECTORS	34481-	96/3	34412-2637	888888	· · · · · · · · · · · · · · · · · · ·	
IN THIS SPACE IN THIS SPACE City Call State above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE Signature spector preclaimed impaired agent and the 4 spirature. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE Fig. 18 150.00 After May 1. Fig. is \$150.00 Af				Name		_
IN THIS SPACE City DCALD FL Zip Code A HARD STATE Support of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signative typed or prined alam of implaced agent and the is opticated. 10. This corporation is eligible to sairly its Intengible Tax Mingrequirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. Election Campaign Financing 13. Election Campaign Financing 14. Election Campaign Financing 15. OO MAIN CAMPAIGN AND DIRECTORS 16. Election Campaign Financing 16. Election Campaign Financing 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS 19. OFFICERS		(P.O. Box Number is Not Acceptable)	<u>e</u> :			
City DCALA FL 24p Code 3.44472-2637 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. 9. This corporation is eligible to satisfy its Intangible Tax Miling requirement and elects to do so. 9. This corporation is eligible to satisfy its Intangible Tax Miling requirement and elects to do so. 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. DECONDITION OF TOX DIRECTORS 17. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND D		IN THIS SP	ACE	750	BAHIA CIRCLE	
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. SIGNATURE Systates, typed or prined name of impliend agent and test is opticable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS		11 1110 01	70 -			T 71 0
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. SIGNATURE Systates, typed or prined name of impliend agent and test is opticable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS	3			City OCA	LA F	3 4-472-2637
After May 1. Fee is \$550.00 May Be Added to Fees (See criteria on back) Tax filling requirement and elects to do so. (See criteria on back) The many file is \$550.00 May Be Added to Fees (See criteria on back) The many file is \$550.00 May Be Added to Fees (See criteria on back) The many file is \$550.00 May Be Added to Fees (See criteria on back) The many file is \$550.00 May Be Added to Fees (See criteria on back) The many file is \$550.00 May Be Added to Fees (See criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The many file is \$550.00 May Be Added to Fees (See Criteria on back) The file is \$550.00 May Be Added to Fees (See Criteria on back) The file is \$550.00 May Be Added to Fees (See Criteria on back) The file is \$550.00 May Be Added to Fees (See Criteria on back) The file is \$550.00 May Be Added to Fees (See Criteria on back) The file is \$550.00 May Be Added to Fees (See Criteria on back) The file is \$550.00 May Be Added to Fee	SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE	: Registered Agent signature require	d when renstating) DATE	·
THE PRESIDENT FRIER, KATHLEEM F. STRETADORES STRETADORES STRETADORES TITLE PRIER, KATHLEEM F. STRETADORES OCALA) FL 34472-2637 THE OCALA) FL 34472-2637 THE OCALA) FL 34472-2637 THE OCALA) FL 34472-2637 THE MAME STRETADORES OCITY-ST-2D OCALA) FL 34482-8437 THE MAME STRETADORES OCITY-ST-2D OCALA) FL 34482-8442 THE MAME STRETADORES OCITY-ST-2D OCITY-ST	Tax filing requirement and elects to do so. After May 1 Amended			1, Fee is \$550.00 I UBR is \$61.25	Trust Fund Contribution.	
NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CI	11.		DIRECTORS			
STREET ADDRESS CITY-ST-2P OCALO, FL 34472-2637 OTHE TREASURER FRIEL, KENNETH E. STREET ADDRESS CITY-ST-2P OCALO, FL 34472-2637 THE STREET ADDRESS CITY-ST-2P OCALO, FL 34472-2637 THE STREET ADDRESS CITY-ST-2P OCALO, FL 34472-2637 THE STREET ADDRESS CITY-ST-2P OCALO, FL 34482-8647 THE NAME STREET ADDRESS CITY-ST-2P OTHER ADDRESS CITY-ST-2P			E.			
CITY-SI-2P OCALA) FL 34472-2637 CITY-SI-2P TITLE SECRETADORESS CITY-SI-2P TITLE NAME STREET ADORESS CITY-SI-2P TITLE TI	STREET ADDRESS	750 BAHIA CIRCL	ε			
NAME STREET ADDRESS CITY-ST-2P TITLE NAME STRATON, PAGELA S. STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	CITY-ST-ZIP			CRIV-ST-ZIP	****300.0	U ************************************
STREET ADDRESS CITY-ST-ZIP O CALLO, FL 34472-2687 OTHE SECRETARY NAME STREET ADDRESS CITY-ST-ZIP ITHE NAM	TITLE	TREASURER				
TITLE SECRETARY MAME STREET ADDRESS CITY-ST-ZIP OCALA) FL 34482-8442 TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	FRIER, KENNETH E.		*************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY - ST - ZIP	OCALA, FL 344)	12-2637	CLIA-21-5%		
TITLE NAME STREET ADDRESS CITY ST - ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	3	CECCETONY				
TITLE NAME STREET ADDRESS CITY ST - ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	STANTONO ANGELA	STREET		DO MOT MO	IT#
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP		OCALA, FL 344	82-8442	 ************************************	DO NOT WR	IIE
STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ZIP C	TITLE			THEE	IN THIS SPA	CF
CITY-ST-ZIP				8	nt 11110 017.	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						
STREET ADDRESS CITY - ST - ZIP	TITLE		······································	HILL		
CITY-ST-ZIP				3 000000000000000000000000000000000000		
TITLE THEE NAME STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP RAME STREET ADDRESS CITY'ST-ZIP RAME STREET ADDRESS CITY'ST-ZIP		······································				
CITY-ST-ZIP CITY-ST-ZIP	:					An
				**************************************		ou t.
	i	and the state of t	skie filing along the second		oction 110 07/2\(\text{f}\) Flavido Sector 15.00	ortifu that the information

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/02 - 352-854-1/78 Date Dayune Phone I

FILED CTATE