5/21/01-90344-0

2001 UNIFORM BUSINESS REPORT (ÙBR)

DOCUMENT # P0000032829 1. Entity Name

FILED Jun 19, 2001 8:00 am Secretary of State

550.00

Principal Place of Business IOD WEST MONDE ROAD IN FELL MONDE ROAD IOD WEST MONDE ROAD IN FELL MONDE ROAD IOD WEST MONDE ROAD IOD	NEXSTE	EP DVF, INC.		()	0	5-21-2001	. 90 3 44 ()33 *
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Suite, Azu F, etc. Suite, Azu F, etc. Suite, Azu F, etc. Suite, Azu F, etc. Suite Suite CARDERDALE Cary 6 State Contry 20	2. Principal P	Place of Business	3. Mailing Address	 5 7 +	h 5T					
December	8501	NW 57+5t.	Suite, Apt. #, etc.				O NOT WRITE IN T			
S. Certificials of states of Current Registered Agent J. WALTER MCCRORY, P.A. 1512 EAST BROWAND BOULEVARD SURF 200 G. The above named entity automits into asserter for the purpose of changing its registered agent, or both, in the State of Picrids. SIGNATURE Signature agent or protections of requirement and into automatation. POTE Processor 200 Box Number is Not Acceptable) SIGNATURE Signature agent or protections of requirement and last automatation. POTE Processor 200 Box Number is Not Acceptable) SIGNATURE Signature agent or protections of requirement and last automatation. POTE Processor 200 Box Number is Not Acceptable) SIGNATURE Signature agent or protections of requirement and into a such automatation. POTE Processor 200 Box Number is Not Acceptable) File NoW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will	Ft. 1	<u>auderdale</u> , H	FORT LAUDE		e, FI		95944		Vot Applicable	4
J. WALTER MCCRORY, P.A. 1512 EAST RROWARD BOULEVARD SUITE 200 FORT LAUDERDALE FL 33301 City FL Zip Code 8. The above named entity aubrits into 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 satisfy its intangible Tast fling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00	<u> 3330</u>	9	333.09_	<u></u>		5. Certificate of State	us Desired			
J. WALTER MCCRORY, P.A. 1512 EAST RROWARD BOULEVARD SURE 20 FORT LAUDEROALE FL 33301- City FL Zip Code 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 Sometiment and election to so. (See circles on back) After MAY 1, 2001 Fee will be \$550,00 May Be Addition by SPRINGER, JOHN D That Illing requirement and election to so. (See circles on back) OFFICERS AND DIRECTORS TILL OFFICERS AND DIREC		6. Name and Address of Current F	Registered Agent		Jame	7. Name and Addre	ss of New Registe	red Agent		- 1
SURTE 200 FORT LAUDERDALE FL 33301						P.O. Box Number is Not Acceptable)				- 1
8. The above named entity aubmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE STORMA Appeal or private named of registered expenses of changing its registered agent, or both, in the State of Florida. SIGNATURE STORMA Appeal or private named or private named to a state of the control of the composition is eligible to settletly its Interngible Tax Illing equipment and elects to do so. (See criterio or bock) After MAY 1, 2001 Fee will be \$550,00 III. Was STREET ADDRESS CUTY-ST-2P CORAL SPRINGS FI, 33065 CUTY-ST-2P CORAL SPRINGS FI, 33065 CUTY-ST-2P TILE MAKE STREET ADDRESS CUTY-ST-2P TILE MAKE STREET ADDR	SUIT	E 200				<u></u>				1.
SIGNATURE Sometimes typed or printed range of registered again and said a speciation. NOTE: Prophered Again signature sequend their remarkting. DATE				٩	City	-		FL Zip Co	d e	1
Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution.				_				TE .	_	
TITLE NAME SPRINGER, JOHN D Delete MAKE STREET ADDRESS CITY-51-2P TITLE D CHANGE SPRINGS FL 33065 TITLE NAME SPRINGER, DONNA M STATH AVENUE CITY-51-2P TITLE NAME SPRINGS FL 33065 TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CI	Tax filing r	requirement and elects to do so.	After MAY 1, 2001 Fee will be \$550,00			Trust Fund Contribution. Added to Fees				
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TITLE WAME STREET ADDRESS DITY-ST-ZIP 13. I hereby certify that 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all gither like empowered.	MAME STREET ADDRESS		— — — .	NAME STREET AD	1	-	-			
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SIGNATURE COLL DEPUNE JOHN SPRINKER 5-8-01 954-776-6245	of the corp	on this report of supplemental report is tr obtation or the receiver or trustee empow	rue and accurate and that my veried to execute this report as	signature i	shall have the sa	me legal effect as if n	ade under oath; tha	I I am an officer	or director	
SECHATURE AND TYPED OR POSTED MAME OF SIGNING OFFICER OR DIRECTOR Date Day ITED DATE DATE DATE DATE DATE DATE DATE D	SIGNATI		HTED HAME OF SIGHENG OFFICER OR	AU S	PRINKE	R 5-8	-01 95	74-776- Deyame Phone #	6245	