2002 UNIFORM BUSINESS REPORT (UBR)

	2 UNIFORM BUS	NESS REPO	RT (UBR)	FILED Feb 14, 2002 8:00 am
1. Entity Nan				Secretary of State 02-14-2002 90070 035 ***150.00
211 LIVE OAK	ce of Business (STREET: A BEACH FL 32168	Mailing Address 211 LIVE OAK STREET NEW SMYRNA BEACH FL	32168	
2. Principal F	Place of Business	3. Mailing Address		- CUCONTON AN CONN CONN CONN CONN CONN CONN CONN
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Stat	te	City & State		4. FEI Number 59-3655846 Applied For
Zip	Country	Zip	Country	5 Certificate of Status Desired 58.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
74 UATE			Name	
PAYNE, B	erry j Oak street		Street Address	s (P.O. Box Number is Not Acceptable)
	RNA BEACH FL 32168		-	
			City	FL Zip Code
P. The shows	a company of a sale of the sal	the autopo of phone in the		ered agent, or both, in the State of Florida.
Tax filing	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so, tria on back)	FILE NOW! After May 1, 200	Registered Agent signature requirements of the Page 11 FEE IS \$150.00 Pee will be \$550.00 Re to Department of St	10. Election Campaign Financing \$5.00 May Be
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PAYNE, BERRY J 4255 BOY SCOUT CAMP RD. NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE DYP NAME STREET ADDRESS 115 CITY-ST-ZIP ED	IS Thange Addition ALCHARGE Addition ALCHARGE Addition ALCHARGE ADDITION AND ALCHARGE ADDITION ADDITIO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BUNN, JAMES M 4304 S. SEA MIST NEW SMYRNA BEACH FL 32164	☐ Delete	TITLE NAME BU	NN, JAMES M. 84 S. SEAMIST DRIVE
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
indicated of the cor	I on this report or supplemental report is	true and accurate and that n wered to execute this report	ny signature shall have the	Section 119.07(3)(i), Florida Statutes, I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

MARVIN BUHN