2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P00000037198 1. Entity Name

FILED
May 06, 2002 8:00 am
Secretary of State

| VVEBTIDE | ES, INC. | | | | 05-06-200 | 2 90247 04 | 1 ***15 | 0.00 |
|---|--|---|---|----------------------------|--|-----------------------|-------------------------------------|------------------------------------|
| Principal Place 5 PALM ROW ST. AUGUSTI | | Mailing Address 5 PALM ROW ST. AUGUSTINE FL 32084 | · . | | | | | |
| 2. Principal F TG Suite, Apt | Place of Business Lemon 5.4 #, etc. | St. | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State St. Augustine Fl St. Augustine Zip Country Zip | | | | 4. FEI N | umber 59-363963 9 | | N | pplied For lot Applicable |
| 3208 | 6. Name and Address of Current R | 32004 | Country | | icate of Status Desired | | 8.75 Ad ee Require | |
| | | egistereo Agent | Name | 7. Name | and Address of New I | Hegistered Ag | jent | |
| MEREDITI 626 REID PALATKA | | | Street Addres | s (P.O. Box N | umber is Not Acceptab | le) | | |
| I ALAMA | | | City | | | FL | Zip Cod | le . |
| 8. The above | named entity submits this statement for | he purpose of changing its r | registered office or regis | tered agent, o | or both, in the State of Fi | | I | |
| SIGNATURE | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: | Registered Agent signature requi | ired when reinstatin | ng) | DATE - | | |
| | | | | | | | | |
| Tax filing | requirement and elects to do so. | After May 1, 200 | ! FEE IS \$150.00 2 Fee will be \$550.00 e to Department of S |) | Election Campaign Fill Trust Fund Contribution | | | 00 May Be d to Fees |
| Tax filing | requirement and elects to do so. ria on back) OFFICERS AND D | After May 1, 200 Make Check Payabl | 2 Fee will be \$550.00 | tate | . • | on. 🔲 | Added | d to Fees |
| Tax filing (See crite | requirement and elects to do so. ria on back) | After May 1, 200 Make Check Payabl | 2 Fee will be \$550.00 e to Department of S | tate | Trust Fund Contribution | on. FICERS AND D | Added | d to Fees |
| Tax filing (See crite 11. TITLE NAME STREET ADDRESS | requirement and elects to do so. ria on back) OFFICERS AND D P MCMANUS, FARRIS 76 LEMON STREET | After May 1, 200 Make Check Payabl | 2 Fee will be \$550.00 e to Department of S 12. TITLE NAME STREET ADDRESS | tate | Trust Fund Contribution | on. FICERS AND D | Added | S IN 11 Addition |
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indicated of his report of supplier and report is true and nation my signature snail 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 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 other like empowered.

SIGNATURE: