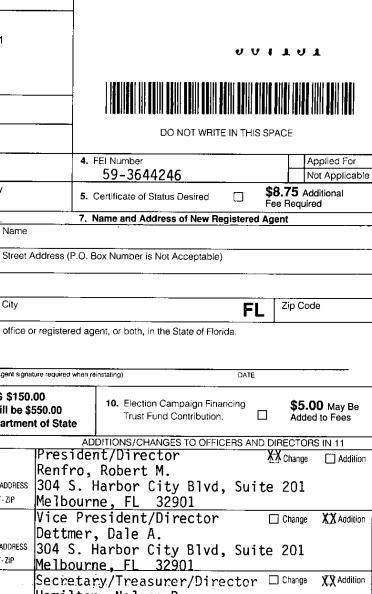
FILED

Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90140 050 ***150.00



			City		" -	FL	Zip Cod	e
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFRO, ROBERT M 304 S HARBOR CITY BLVD. SUITE : MELBOURNE FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renfro, 304 S. H	it/Director Robert M. Harbor City Blvd, ne, FL 32901		X Change 201	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Euler, E 304 S. H	rnest C. Jarbor City Blvd,	_	201	XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	rie I bourr	ne, FL 32901	Ċ] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		40.07(0)() (0.11)		Change	Addition

Country

Name

indicated on this report or supplied with this lifting does not quality 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 eddress, with all other like empowered.

SIGNATURE:

マリむい

ED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MELBOURNE FL 32901

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

304 S HARBOR CITY BLVD. SUITE 201

DOCUMENT # P0000046830

Country

304 S HARBOR CITY BLVD. SUITE 201

6. Name and Address of Current Registered Agent

V6 CORPORATION

Principal Place of Business

2. Principal Place of Business

DETTMER, DALE A

MELBOURNE FL 32901

Suite, Apt. #, etc.

City & State

Zip

MELBOURNE FL 32901

304 S HARBOR CITY BLVD. SUITE 201

1-17-01

321-723-5646

Daytime Phone #

CR2E034 (10/00)