2001 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P00000049244 Entity Name Socretary of S

1. Entity Nam	ie	# PUUUUU CORPORATED) - "		Secretary of State 04-16-2001 90011 032 ***150.00						
Principal Place 1616 PENNY ST TAMPA FL 3360	REET	S	Mailing Address 1616 PENNY STREET TAMPA FL 33605								
2. Principal P 1 Bar Suite, Apt.	lace of Busin		3. Mailing Address 1 Barge Suite, Apt. #, etc.	3. Mailing Address 1 Barge Place Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Tampa			City & State	City & State Tampa			4. FEI Number Applied Fo 59-3646562 Not Applie				
Zip Country 33605 USA		33605			5. Certificate of Status Desi		red S8.75 Additional Fee Required				
		and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street Address (P.O. Box Number is Not Acceptable) 1 Barge Place City Tampa FL Zip Code 33605						
8. The above	Les.	y submits this statement of				registered ag	ent, or both, in the State of Flo		5/01		
Tax filing r	_	ible to satisfy its Intangibland elects to do so.	After MAY 1, 2	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Ste			10. Election Campaign Fina Trust Fund Contribution	n.	Added to Fees		
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AND D	DIRECTORS		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D □ Delete DANN, RODNEY 1616 PENNY STREET TAMPA FL 33605				1 Bar	S. Kimbrell ge place , FL 33605	[Change	₹ Addition §	00/04/4007	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORTON,	GEORGE NY STREET	☐ Delete			D James 1 Bar	C. Brantner ge Place , FL 33605		Change	Addition	ç
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	1		. Ганра	/ 1 1 2 3 9 9 9 9 2	[Change	Addition	
TITLE NAME			☐ Delete	TITL				ī	Change	Addition	

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 other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

☐ Delete

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE NAME

SIGNATURE AND TYPED AT PRINTED NAME OF SIGNING OFFICER O

James C. Brantner

1/15/01

Daytime rnone #

Change

☐ Change

CR2E034 (10

☐ Addition

Addition