

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052474

APPROVED
AND
FILED

01 FEB 26 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

111-9 Capital Circle SW
Tallahassee, FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-2548032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANNA RASMUSSEN
5065 WOODMIKE CT
TALLAHASSEE, FL 32303

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

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

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)

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 ~~DE~~ CARRIE SILVER ☐ Delete
VICE-PRES
6252 Bradfordville Rd.
Tallahassee, FL 32308
CITY-ST-ZIP

TITLE NAME PRESIDENT ☒ Change ☐ Addition
CARRIE SILVER
(←)

TITLE NAME PRESIDENT ☐ Delete
DEREK RASMUSSEN
5065 WOODMIKE CT
TALLAHASSEE, FL 32303
CITY-ST-ZIP

TITLE NAME (NO CHANGE) ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME SEC/TREAS. ☐ Delete
ANNA RASMUSSEN
5065 WOODMIKE CT
Tallahassee, FL 32303
CITY-ST-ZIP

TITLE NAME (NO CHANGE) ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
CITY-ST-ZIP

TITLE NAME 200003802252-9 ☐ Change ☐ Addition
-03/06/01-01068-005
*****61.25 *****61.25

TITLE NAME ☐ Delete
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Delete
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
CITY-ST-ZIP SP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01 (850) 926-8600

CR2E034 (11/00)