## FILED Sep 08, 2002 8:00 am Secretary of State 08-06-2002 90277 037 \*\*\*150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)-

DOCUMENT # POCCOOGO420  1. Entity Name					
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2, Principal Place of Business 2. Nailing Address				201	
Seminole Towne Center A Cook's To Suite, Apt. #, etc. Suite, Apt. #, etc.			aradise	DO NOT WRITE IN THIS SPACE	
112		112 TOWNE	<u>CenterCir</u>		· · · · · · · · · · · · · · · · · · ·
San F		San Ford	FZ.	59-3654610 06001	Not Applicable
3 27 7	Country V 5 A .	ו רירג 3 <sup>Zip</sup>	Country	5. Certificate of Status Desired S8.75	Additional
1 6 3 3 4 4 4				7. Name and Address of Current Registered Agent	
Name (hristopher M. Jordan					
· · · · · · · · · · · · · · · · · · ·				P.O. Box Number is Not Acceptable)  - Altamonte Dr. #	1132
IN THIS SPACE					
	,	/ <u>\</u>	Sin A-1-to	amonte Springs FL   Zing	2701
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or registe	red agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent an	d bite of applicable. (NOTE: 6	/ LESGENT Registered Agent signature requires	(when reinstating) DATE	<u>; -90-</u> 0 <b>X</b>
9. This corpo	pration is eligible to satisfy its Intangible	January 1 - Ma	y 1 Fee is \$150.00	10. Election Campaign Financing	
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, Fee Is \$550.00  Amended UBR is \$61.25  Make Check Payable to Department of State				Trust Fund Contribution.   Ad	5.00 May Be ded to Fees
11. MLE	OFFICERS AND D	IRECTORS	TITLE		
NAME	anistopher M.	Dr. #1132	NAME		12/0
STREET ADDRESS CITY-ST-ZIP	Alta menti albani	92, FL. 3001	STREET ADDRESS CITY-ST-ZIP		28 B
TITLE	Vice Presedent		TITLE		CR2E034B (12/01)
NAME Street address	Rotherine J. Pi	Mola HUZZ	NAME: Street address	•	5
CITY-ST-ZIP	Attornout & br	1/12/1. #1132 2002. FL. 32701	CHY-ST-ZIP		
TITLE NAME	•	,	TITLE NAME		
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CITY-ST-ZIP	***************************************		CITY-ST-ZIP		
13. I hereby c	ertify that the information supplied with the on this report or supplemental report is tr	ais filing does not qualify for the	e exemption stated in Se signature shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the ame legal effect as if made under eath; that I am an office	e information er or director

attachmen 8 # 70000069429 870906

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