FILED May 13, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCL 1. Entity Na	JMENT # P00,0000	64263		05-13-2002 90149 023 ***150.00
1	jelopment Advi			
	DO NOT WRITE	IN THIS S	PACE	
2. Principal I Suite, Apt		3. Mailing Address 4741 Bxc Suite, Apt. #, etc.	ezy Pines Blu	DO NOT WRITE IN THIS SPACE
Zip	asota, FL 236 Country 2.5.	City & State Sura Soft	FL, Eountry	4. FEI Number 65-10675 Y Y Applied For Not Applicable 5. Certificate of Status Desired FI \$8.75 Additional
<u> </u>		zip 34232	Name 12	7. Name and Address of Current Registered Agent
	DO NOT WI		15	(P.O. Box Number is Not Acceptable) (P.O. Box Number is Not Accept
8. The above		***************************************		ered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1: Ma After May Amended Make Check Payabi		Registered Agent signature require ay:1 Fee Is \$150.00 1: Fee Is \$550.00 I UBR is \$61.25 Is to Department of Sta	10. Election Campaign Financing \$5.00 May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brenda L. Garlan 1819 Main Street Sarasota, FC		TITLE NAME STREET ADDRESS DITY-ST. ZIP	ASCION SPECIAL
TITLE NAME STREET ADORESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY ST. 2P	25600
ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE	E ET ADDRESS -ST-ZIP		TYLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
AME REET ADDRESS TY-ST-ZIP		TITLE NAME STREET ADDRESS GTY: ST ZIP	IN THIS SPACE	
ITLE IAME TREET ADDRESS PTY-ST-ZIP			TITLE SAME STREET ADDRESS CITY STOZIP	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			TRILE NAME STREET ADDRESS CSTY: ST-2IP	
 I hereby ce indicated or of the corporattachment 	rify that the information supplied with this or this report or supplemental report is true oration or the receiver or trustee empower with an address with all other like empower.	filling does not qualify for the e and accurate and that my ered to execute this report	he exemption stated in Sec signature shall have the s as required by Chapter 60	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director for the control of th

4-25-01