DOCL 1. Entity Na	JMENT # PO000008 JMENT # PO000008		KI (UBI	N)	F May 02, Secreta	ILEI 200 1 iry of	8:	:00 am tate
					05-02-2001	90108 027	***1	58.75
Principal Place of Business		Mailing Address						
3838 Tamiami Trail N, 385 FL NAPLES FLORIDA 34103		3838 Tamiami Trail N, 3 ^{RF} FL NAPLES FLORIDA 34103					,	
				.	A O O	160922	2	
2. Principal Place of Business 58 N COLLIER BLVD		3. Mailing Address 58 N COLLIER BLVD				•	,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	CE	
APT 605 City & State MARCO ISLAND, FLORIDA		APT 605 City & State		4.	4. FEI Number Applied For			
Zip 34145-3759 : Country		MARCO ISLAND, FLORIDA Zip 24145-2250 Country			65-1060291	¢ g		lot Applicable
		34145-3759			Certificate of Status Desired	Fee	Requir	
	6. Name and Address of Current R	egistered Agent	- Name-		Name and Address of New Reg	gistered Age	nt	
3838 Tamiami Trail North, Suite 310				Street Address (P.O. Box Number is Not Acceptable)				
Naples,	Florida 34103	ı	, , , , , , , , , , , , , , , , , , ,					
	(City			FL	Zip Cod	ie
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 200 Make Check Payable		50.00	Election Campaign Finan Trust Fund Contribution.	icing		00 May Be d to Fees
11.	OFFICERS AND DE		12.	AD	DITIONS/CHANGES TO OFFICE			 -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID L. TABER, JR. 58 N. COLLIER BLVD. MARCO ISLAND, FLORIDA 34145	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DLLIER BLVD., APT. 605 LAND, FLORIDA 34145-3759	-	Change	Addition
itle Name Street address City-St-Zip	D CLIZABETH TABER 58 N. COLLIER BLVD. MARCO ISLAND, FLORIDA 34145	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	: := ::	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		Change	Addikon
ITLE HAME ITREET ADDRESS HTY-ST-ZIP		, 🗀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip	,			Change	Addition
ITLE AME TREET ADDRESS ITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			Change	Addition
of the corp	ertify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my red to execute this report as	sionalure shall bay	/e the same le	raal effect as if made under oath	rthat Lamian	officer (or director Block 12 if
SIGNAT		ED NAME OF SIGNING OFFICER OR	DIRECTOR		4/13/01 Date	941-		1205 4 869