DOCUMENT # PG6600689436  1. Entity Name VIO LET WAND S. COM BNC					FILED Sep 18, 2001 8:00 am Secretary of State 09-18-2001 90015 045 ***158.75	
Principal Place of B	spainess (0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Mailing Address	.(/		· •	
2. Principal Place of Business		3. Mailing Address		7		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		<b>4</b> . F	El Number Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5</b> . C	Certificate of Status Desired \$8.75 Additional Fee Required	
	Name and Address of Current R	egistered Agent	Name	7. N	lame and Address of New Registered Agent	
JOHN J CLAIR JA				irreal Address (P.O. Box Number is Not Acceptable)		
llo	HIGHLAND RD		- Officer-rodies:		// Manuel of Ma Acceptable)	vin.
TANPON SPRINGS FL 34659-1918			City	ty FL Zip Code		
J	ed entity submits this statement for		egistered office or regist	ered age	ent, or both, in the State of Florida.	
SIGNATURESignatu	ure, typed or printed name of registered agent and	d title if applicable. (NOTE: (	Registered Agent signature requi	red when rei	nstating) DATE	
, , , , , , , , , , , , , , , , , , , ,			FEE IS \$150.00 Fee will be \$550.00 to Department of S		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D FOHN J CUN IN IG IFICHLIAND RD TONCON SCUINCE	□ Delete PU >4689-1918	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition Change Addition	לבמסבו ( ו וו מסי)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐	>
TITLE NAME STREET ADDRESS _CITY_ST_ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME. STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filling 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 TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						



Attachment A=PODO BOULS7SLO

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 6, 2001

VIOLETWANDS.COM, INC. 110 HIGHLAND ROAD TARPON SPRINGS, FL 34689

SUBJECT: VIOLETWANDS COM, INC. Ref-Number: P00000089436

Pursuant to our telephone conversation of September 6, 2001, I am enclosing a blank 2001 uniform business report for your convenience.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan Document Specialist

Letter Number: 201A00050230