## **2001 UNIFORM BUSINESS REPORT (UBR)**

STUART FL 34997  STUART FL 34997  STUART FL 34997  SECRE IARY CALL ALLAHASSEE  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City  FL  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 registerind agent and Mor # applicable  (NOTE: Registered Agent signature required when regretating)  Dail  Tax filling requirement and elects to do so.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND Make Check Payable to Department of State  Title  WARNER, MARK E  287 SOUTHWEST SALERNO CIRCLE  STUART FL 34997  Delete  Title  MME  MME  NAME  SIREET ADDRESS  CITY-SI-ZIP  Delete  TITLE  NAME  NAME  SIREET ADDRESS  CITY-SI-ZIP  NAME  N	PACE  AA  Bare Require	pplied For lot Applicable ditional ed
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287 SOUTHWEST SALERNO CIRCLE STUART FL 34997  TALLAHASSEE  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  SPIEGEL & UTRERA P.A.  343 ALMERIA AVENUE  CORAL GABLES FL 33134  City  Signature, lypad or printed here of registered agent and title # applicable.  Signature in selligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)  TILE  PSTD  WARNER, MARK E  287 SOUTHWEST SALERNO CIRCLE  STUART FL 34997  TALLAHASSEE  A. Mailling Address  A. Mailling Address  City S. State  City Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Atter MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  TILE  WARNER, MARK E  STREET ADDRESS  CITY-ST-2P  TILLE  NAME  STREET ADDRESS  TILLE  TILLE  NAME  STREET ADDRESS  TILLE  TILLE  NAME  STREET ADDRESS  TILLE  TILLE  TILLE  TILLE  TILLE  TILLE	PACE AI No 68.75 Addee Require	pplied For ot Applicable iditional ed
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  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 # applicable.  (NOTE: Registered Agent signature required white reinstating)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TILE  NAME  PSTD  WARNER, MARK E  287 SOUTHWEST SALERNO CIRCLE  STILER NAME  Delete  TILE  NAME  Delete  TILE  NAME  Delete  TILE  NAME  NAME  Delete  TILE  NAME  NAME	88.75 Addree Require	ot Applicable Iditional ed
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Zip Country Zip Country 5. Certificate of Status Desired    6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent    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.  City FL  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 it 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) Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND MAKE Check Payable to Department of State STREET ADDRESS TRUET TO ALL THE STREET ADDRESS TRUET ADDRESS TRUET TO ALL THE STREET ADDRESS TRUET TO ALL THE STREET ADDRESS TRUET ADDRESS TRUET TO ALL THE STREET ADDRESS TRUET ADDRESS TRUET ADDRESS TRUET TO ALL THE STREET ADDRESS TRUET ADDRE	58.75 Addee Require	ot Applicable Iditional ed
Country  Country  Country  5. Certificate of Status Desired  7. Name and Address of New Registered Agent  Name  SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134  City  FL  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 which reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND MAKE NAME NAME NAME NAME STUART FL 34997  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ee Require	ed
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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 certificated 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 are		

SIGNATURE: Maile. Wainer - MARLE. WARNER 4/03/01 561-219-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #