FOR PROFIT CORPORATION TO UNIFORM BUSINESS REPORT (UBR)

FILED Jun 18, 2003 8:00 am Secretary of State

ONIFORM BUSINESS REPURT (UBK)						05-27-2003 90178 018 ***150.00				
DOCUMENT # \$\text{P0000010615411}										
1. Entity Nar	herling Group Indus	stries.	グ.j							
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	DO MOT WHATE						550	48892		
2. Principal	Place of Business	3. Mailing Address	H 11	<u></u>				· ·		
Suite, Apt	1, #, etc.	Suite, Apt. #, etc.	<u>0 177 - C7</u>		DO NOT WRITE IN THIS SPACE					
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Pemb	The line FL 33024	Pembroku Pir	res	P. 33024	4. FEI Number			Applied For Not Applicable	e	
3302	Country	33024	Count		5. Certificate o	Status Desired		8.75 Additional		
7002	4	JJUF	-		/. Name and Ad	dress of Current		e Required	-	
A TOTAL		AITE		Name Sicri	ing_E.	Forgus	M		_	
	DO NOT WRITE Street Address					P.O. Dox Number is Not Al-deptable)				
	IN THIS SPACE				9481 NW 14 m CF					
				DAM hut	1 1 Pino	1-1	FL	Zip Co 29114	7	
8. The above	e named entity submits this patement for tions of registered agents	the purpose of changing its	registere	d office or registere	d agent, or both	in the State of Flor	ida. I am fam	iliar with, and accept	-	
	A						100	(D)	}	
, şignature	Significative del portled name of registered agent an	d title if applicable. (NOTE	E: Proposered	Agont signature required v	vhen (einstaling)		DATE	05		
1.15	nuary 1 May 1 Fee is \$150.00 After May 1 Fee is \$550.00				9. Electi	ion Campaign Fina	ncing	\$5.00 May Be		
Make Check	Amended USR is \$61.25 k Payable to Florida Department of S	State			Trust	Fund Contribution.		Added to Fees		
10.	OFFICERS AND D	IRECTORS	Action can			APPERATE STATE	1 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		를 교 (2)	
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TITLE	vice President	12 1000-1	TITLE	4			**************************************		CR2E034B	
NAME STREET ADDRESS	Betty. Dix on # 12	7-	NAME	T ADDRESS			e de ser la company	rockerson valden	్రోర్	
CITY-ST-ZIP		33026	# E	Special Section of the	an a and	tion of the		6.3. 2	1	
TITLE .	Secretary Trummer Nichelle C-Frederica 19461 NW 144 OF	ks	NAME						1	
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CITY-ST-ZIP			CITYS	T-ZIP	MANAGET FROM	A AMERICAN STREET	Company of the Company	ere attended topics and		
TITLE NAME			TITLE		ng ng canalaga an				}	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS 200		A STATE OF THE STA				
_12. I hereby c	Pertify that the information supplied with the	is filing does not qualify for	ine exem	ntion stated in Secti	on 119.07(3)(i), F	lorida Statutes. I fu	irther certify I	hat 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 marks under eath; that I am an officer or director of the corporation or the receiver or trusteds empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an appears with all other like, empowered.										
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SIGNATURE: 11/1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1										