FOR PROFITUNIFORM BUSI	CORPORATIO	on Co	nou Der 011
DOCUMENT#	PODOC		FILED
OK Brothe		-10(03)	03 SEP 28 AH 8: 15
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATÉ TALLAHASSEE, FLORIDA
Suite, Apt. #, etc.	Suite, Apt. #, etc.	2.6W	20002355252 10/03/03-01088-033 **61.25
City & State of ES Prings	FL City & State J A3 F		4. FEI Number 59 - 369509 Applied For Not Applicable
Zip 32052 Country	्रा क्≅३२०ऽर	Hcmi+	5. Certificate of Status Desired
DO NOT I		Street Address City	(P.O. Box Number is Not Acceptable)
8. The above named entity submits this stateme SIGNATURE  Signature, typed or annual name of registered.	sect and title if applicable. (NOTE: I	egistered office or registered Agent signature require	red agent, or both, in the State of Florida.
· · · · · · · · · · · · · · · · · · ·	After May 1 Amended Make Check Payable	Fee is \$550.00 UBR is \$61.25 to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS A  TITLE NAME NICK ATEC STREET ADDRESS CITY-ST-ZIP TOSPER F	ND DIRECTORS	TITLE NAME STREET ADDRESS CITY-S1-ZIP	CR2E034R (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A CALL
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CTIY-ST-ZIP	IN THIS SPACE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 truspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.  SIGNATURE:    10.00000000000000000000000000000000000			
SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytime Phone #