Daytime Phone #

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

1. Entity Nan		0110474			Secreta 04-24-2002 9	ry of St	ate	
Principal Place of Business 9935 NW 54 PLACE CORAL SPRINGS FL 33076		Mailing Address 9935 NW 54 PLACE CORAL SPRINGS FL 33076					-1 -h. 3 y.	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	El Number <b>65-1068000</b>		pplied For	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired	\$8.75 Ad	ot Applicable_ ditional	
	6. Name and Address of Current Re	gistered Agent	. ~	- ; 7N	lame and Address of New.Reg		;u	
			Name					
HUMPHRIES, TRAVIS 9935 NW 54TH PLACE CORAL SPRINGS FL 33076			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
CONTAC	Williago I E 60070		City			FL Zip Cod	le	
SIGNATURE  Signature, typed or printed name of registered agent and title if a  9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		0	instating)  10. Election Campaign Finar  Trust Fund Contribution.	· _ ••••	00 May Be	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS * HUMPHREYS, TRAVIS 9935 NW 54 PLACE CORAL SPRINGS FL 33076	☐ 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 ANAME STREET ADDRESS CITY-ST-ZIP	agramatic and a second of the	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		<del> </del>	~ ' · `` □ 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	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	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that m	ny signature shall have th	ne same le	egal effect as if made under oat	h; that I am an officer	or director	