FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Signatures 9. This corporation is eligible to satisfy its Intangible Tax Ring requirement and elects to do so. (See criteria on back) 10. CFFCERS AND DIRECTORS 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFFCERS AND DIRECTORS 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFFCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. CFFCERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. CFFCERS AND DIRECTORS 16. Signature versus when verestamply 16. Election Campaign Financing 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17. CFFCERS AND DIRECTORS 18. TREE ADDRESS 1	DOCUMENT # P00000117311 1. Entity Name KATHERINE A. JONES, P.A.						Feb 14, 2002 8:00 am Secretary of State 02-14-2002 90099 015 ***150.00				
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	22673 WESTBRIGE CT		22673 WESTBRIGE CT								
City & State City & State of Status Desired State Address of New Registered Agent Name Name Name Name and Address of New Registered Agent Site Address (P.O. Box Number is Not Acceptable) Site Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City City City City City City Cit	2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fall Ranging Internal Registered Agent Status Desired \$8.75 Additional Fall Ranging Internal Registered Agent Name Name Street Address of New Registered Agent Name Street Address (P.O. Box Number's Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Signature and electe to do so States And Directors States St	City & Sta	te	City & State	City & State			El Number 65-1064710			plied For]
JONES, KATHERINE A 22883 WESTBRIDGE CT ESTERO FL 33928 8. The above named, entity further is his statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Discontinuous Discontinu	Zip Country		Zip	Count	untry				8.75 Add	litional	
2883 WESTBRIDGE CT ESTERO FL 33928 City FL Zip Code 6. The above named entity Authors this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. This cooperation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (Soc otheria on back) STREET ADDRESS CITY-ST-Zip TITLE NAME SIREET ADDRESS CITY-ST-Zip TITLE NAME SIREET ADDRESS CITY-ST-Zip TITLE NAME SIREET ADDRESS CITY-ST-Zip TITLE NAME SIREET ADDRESS SIREET ADDRES		6. Name and Address of Curren	t Registered Agent		Name	7. N	lame and Address of New Rec	istered Aç	jent		1
SIGNATURE	22693 WESTBRIDGE CT				Street Add	ress (P.O. Box Number is Not Acceptable)				-	
SIGNATURE SIGNAT	ESIERO	FE 33926			City			FL	Zip Code	9	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. This corpe	oration is eligible to satisfy its Intangib requirement and elects to do so.	FILE NOW!	!!! FEE 02 Fee	IS \$150.00 will be \$550) 0.00	10. Election Campaign Finar	cing			<u> </u>
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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 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:

Daytime Phone #