2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jun 12, 2002 8:00 am Secretary of State

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	6. Name and Address of Current	Registered Agent		_Name_		Name and A	ddress of New Re	distered Agent		╣	
PLEAT, D								4			
4477 LEG	SENDARY DR., #202		Street A	street Address (P.O. Box Number is Not Acceptable)							
DESTIN F	L 32541	*							1		
			}	City	·			FL Zip Co	de	1	
9 The above	named active submits this statement to	the purpose of changing in								4	
o. The above	e named entity submits this statement fo	r the purpose of changing its	regisiere	a onice o	r registered a	gent, or both,	in the State of Flori	ga.		Ì	
· SIGNATURE					•						
e de la casa de la cas La casa de la casa de	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered	Agent signat	ure required when	reinstating)		Y DATE		1	
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" ICICALEC	certify that the information supplied with to on this report or supplemental report is to	rue and accurate and that my	/ SICIDATIII	re snaii na	ive the same l	enal offect ac	if meda uadar oath	that I am an afficar.	ar director	-	
or the cor	poration or the receiver or trustee empoy	vered to execute this report a	s require	d by Chap	oter 607, Flori	da Statutes; a	nd that my name ap	opears in Block 11 or	Block 12 if		