FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90064 030 ***150.00

			·		05-15-2002 90064 (<i>)</i> 30 *****130.00
DOCU	MENT# P-01000	009617				
JAY WILEY & ASSOCIATES, INC.						
	JAI MITEI @ W22	OULIAIES, INC.	·			
a de la companya de	NAMES OF STREET		$i \in \mathcal{F}_0 \times \mathbb{S}$			
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			AOL.			
2 Principal F	Place of Business	3. Mailing Address				
•	ntgomery Place	Post Office I	3ox 915	073		
Suite, Apt. #, etc. Suite, Apt. #, etc.			h		DO NOT WRITE IN THIS SPACE	
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City & Stat		City & State		, 4	FEI Number 59–3692835	Applied For Not Applicable
ALÇAMOI Zip	nte Springs, FL. Country	Longwood, FI.	Country		_ ¢g	75 Additional
32714		32791-5073		5		Required
			ATTENDED		Name and Address of Current Registered Ag	ent
DO NOT WOLFE			1800 11600	Name Randall J. Wiley		
DO NOT WRITE			Stro	Street Address (P.O. Box Number is Not Acceptable) 202 Lake Gene Drive		
	IN THIS SP	ACE		ZUZ LAKE	Gene Drive	
	en granger verde bereit in 2000	ting to your district.				
			왕타집왕 City 왕조하	/ Longwood		Zip Code 3 2 7 7 9
8. The above	named entity submits this statement for	r the purpose of changing its r				
· 1						
SIGNATURE	Signature, typed or printed name of registered agent a	and the Kanalinable (MATE)	Degreement Asset	i signature required who	an reinstation) DATE	
	Signature, typed or printed name or registered against			·	Marie Salaring	
	pration is eligible to satisfy its Intangible requirement and elects to do so.	⊌ Sanuary 1 - Ma Serve SAfter May	Fee is \$55	a (30.00 ± 11.55) 0.00 ₹ (5.55)	10. Election Campaign Financing	\$5.00 May Be
-	ria on back)	Amended Make Check Payabl	UBR is \$61		Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND	The first in the second section in the section in the second section in the section in the second section in the section in the second section in the second section in the second section in the section		STANCE SEE		
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NAME	Randall J. Wiley		NAME	Mile Projectiva Substitution		3 1 2 2
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13. Thereby certify that the information supplied with this initing does not quality for the exemption stated in Section 113.07(3)(i). Floridal Statutes, 11 inther 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. Floridal Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR F

District and The or Fight Ed Name of Signing of Ficer of Single

President 4/27/2002

407-375-

Daytime Phone ≠

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