FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 0000 0600 1. Entity Name SELECT STICKS, TAC

FILED Jun 20, 2002 8:00 am Secretary of State 06-20-2002 90059 028 ***150.00

| | | | | ⊣ ' | | |
|---|---|--|--|--|--------------------------|---|
| DO NOT WRIT | E IN THIS | SPAC | E | :] | | |
| 2. Principal Place of Business 324 WATERFORD CR. W | ness RFORO CR. W. 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | |
| TARPON SPRING, FL. | City & State | | | 4. FEI Nymber | 696504 | Applied For Not Applicable |
| Zip 34688 Country US | Zip | Zip Country | | 5. Certificate of Status Desired Serviced Fee Required | | |
| | | | | 7. Name and Add | lress of Current Regis | tered Agent |
| DO NOT | Name DAVIO CATHEY | | | | | |
| DO NOT WRITE IN THIS SPACE | | | Street Address (P.D. Boy Number is Not Acceptable Cn. W. | | | |
| 8. The above named entity submits this statement SIGNATURE Signature, typed or printed name of registered age 9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back) | nt and title if agglicable. January After Ame Make Check P | (NOTE: Registered 1 - May 1 Fe May 1, Fee I anded UBR I | ed office or registed Agent signature requires \$150.00 s \$550.00 | red when reinstating) 10. Electi Trust | in the State of Florida. | FL Zie Code 88 /3 To Ware \$5.00 May Be Added to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE THE | 6688 | CITY- TITLE NAME STREE CITY- TITLE | ET ADDRESS -ST-ZIP ET ADDRESS ST-ZIP ST-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | 1.0.0 | T ADORESS ST-ZIP | DO | -NOT-WF | RITE |

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 on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

THRE

NAME

CITY-ST-ZIP TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

DAVID CATHEY

6-13-02

IN THIS SPACE

Ottachment Oxc#PO100001vrere6-13-02

To: DEAT. of STATE

870272

I AM ENCLOSING THIS NOTE OF THE UBR.

EXPLANATION FOR MY LATE FILING OF THE UBR.

I STARTED MY BUSINESS IN FERNAN OF 2001. I

I STARTED MY BEST TO COMPLY WITH ALL REQUESTS

HOME DONE MY BEST TO COMPLY WITH ALL REQUESTS

HOM THE STORE. THIS UBR WAS RECENTLY BROWNT.

TO MY ATTENTION IN A CONVERSATION WITH A FRIEND.

TO MY ATTENTION IN A CONVERSATION OR MOTIFICATION

I HAVE NEVER RECEIVED BRY FORM OR MOTIFICATION

OF THIS UBR FILING, FRE , DATE DIE.

OF THIS UBR FILING, FRE , DATE DIE.

I HOPE THIS WILL BE TAKEN INTO ALCOUNT

I HOPE THIS WILL BE TAKEN INTO ALCOUNT

IN ASSESSING MY TARDINESS IN DETING MY FILING.

IN. THANK YOU FOR YOUR CONSIDERATION.

Dairie Cathon