FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P010000 18,050

Mar 25, 2002 8:00 am **Secretary of State**

03-25-2002 90042 028 ***150.00

DO NOT WRITE IN THIS SPACE 427673 2. Principal Place of Business 3. Mailing Address 4352 W. SR200 Same Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For م لا لام Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired _ _ _ _ _ _ _ Massa 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or priviled name of inglistered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 →
After May 1, Fee is \$550.00
Amended UBR is \$61.25 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS H2CS item CR2E034B (12/01) Attie T. Zweitel TITLE NAME 4352 W. SR205 STREET ADDRESS CITY- ST- ZIP DILE NAME STREET ADDRESS CITY/ST-7IP TITLE NAME STREET ADDRESS

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! 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.

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IN THIS SPACE