## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #

## FILED May 29, 2002 8:00 am Secretary of State

Principal Place of B 1729 ADAMO DRIVE AMPA FL 33605  2. Principal Place of Suite, Apt. #, etc.		Mailing Address 2729 ADAMO DRIVE TAMPA FL 33605				
7729 ADAMO DRIVE AMPA FL 33605  2. Principal Place of Suite. Apt. #, etc.  City & State		2729 ADAMO DRIVE			4	
AMPA FL 33605  2. Principal Place of Suite, Apt. #, etc.  City & State	Business	2729 ADAMO DRIVE			·	
2. Principal Place of Suite, Apt. #, etc. City & State	Business					
Suite, Apt. #, etc.	Business					
Suite, Apt. #, etc.	,	3. Mailing Address				
City & State		3. Mailing Address Suite, Apt. #, etc.			T A BENNESY AND RENOT WERK SERVIC SOUND SOUND STREET (TRUE FEWER COURT (WERK	
		City & State		<u></u> _	DO NOT WRITE IN THIS SPACE	
Zip	Country	Zip	- Count		4. FEI Number	
6. N	Name and Address of Curren	1	Country		5. Certificate of Status Desired S8.75 Additional	
		it Registered Agent	-+	Name	7. Name and Address of New Registered Agent	
MARSHALL, RON'		والتاهيد متعصفه والعام والوادات والمراجعة		The wife of the second of the		
1311 ESTATEWOO Brandon Fl <sub>.</sub> 835			_		P.O. Box Number is Not Acceptable)	
Ĵ S.			+	City	17-2-1	
The above named	entily submits this statement f	for the purpose of changing it	interor		FL Zip Code ed agent, or both, in the State of Florida.	
		and has been on an array right.	s regisiereu .	office or registered	d agent, or both, in the State of Florida.	
GNATURE	hyped or printed name of registered agent					
This corporation is	eligible to satisfy its Interesints			Agent signature required wh	when reinstating) DATE	
(See criteria on bac	ent and elects to do so.	After May 1, 200 Make Check Payab	002 Fee will	ill ha éssa aa	10. Election Campaign Financing \$5.00 May B Trust Fund Contribution.	
	OFFICERS AND	DIRECTORS	12.		Added to Fees	
V	LAINE, THOMAS E	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ET AUDRESS \$130 STA	ATE ROAD 60 E		NAME STREET AD	1	☐ Change ☐ Addit	
YALRICO	FL 33594		STREET AD		•	
		☐ Dalete	TITLE	Air		
T ADDRESS		<del></del>	NAME		☐ Change ☐ Additi	
ST-ZIP		,	STREET ADD	1		
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		☐ Delete	TITLE		☐ Change ☐ Addition	
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-ZIP		/	CITY-ST-ZIP			
1		☐ Delete	TITLE	<del></del>		
ADDRESS		,	NAME		☐ Change ☐ Addition	
-ZIP	<u> </u>	,	STREET ADDRE	· .		
		☐ Delete	TITLE	-		
DORESS		1	NAME		☐ Change ☐ Addition	
ZIP		J	STREET ADDRES	** 1		
ereby certify that the	information supplied with the		CITY-ST-ZIP			
licated on this repert the corporation or th	To supplemental report is true receiver or fustee empower	a filing does not qualify for the se and accurate and that my s	exemption signature sh	stated in Section 1	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if	
anged, or on/an attac	shiment with an address, with	/ed to execute this report as re all other like propodwered.	equired by (	Chapter 607, Florid	agail effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if	
NATURE:	WAXMAN!	O NII	2n/1			
	SIGNATURE AND TYPED OR PRINT	JED NAME OF SIGNING OFFICER OF D	WEST OF THE STATE	the A	Apr 18/2002 81-241-8551	

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