## 2002 Uniform Business Report (UBR)

SIGNATURE:

 <b>20</b> 02	2 Uniform Bus		FILED Apr 10, 2002 8:00 am Secretary of State						
1. Entity Nan		0020579 a, inc.				tary ( 02 90005 (			
Principal Place of Business 100 E. SYBELIA AVENUE SUITE 130 MATTLAND FL 32751		Mailing Address 100 E. SYBELIA AVENUE SUITE 130 MAITLAND FL 32751							
2. Principal Place of Business		3. Mailing Address		_	<u> </u>	()	I <b>esie</b> i elii	(816/15 1811 1834	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRIT	TE IN THIS SP	ACE .		
City & State		City & State	City & State		El Number 59-3694	,115		pplied For	7
Zip	Country	Zip	Country	5. C	Certificate of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent			====Name-===	7. N	iame and Address of New R	egistered Ag	ent		1 .
MULLIN, THOMAS 4423 REAL COURT ORLANDO FL 34808				ss (P.O. B	ox Number is Not Acceptable	))		7	- \-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\
			City FL Zip Code						-
Tax filing	Signature, typed or printed name of registered egent or printed in selligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!!	Registered Agam signature requirements FEE IS \$150,00  Fee will be \$550.04  to Department of S	0	: 10: Election Campaign-Fin Trust Fund Contribution	DATE  ancing	~~\$5.0 Added	O May Be	-
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALTON, JAMES 3767 RAMBLING ROSE COURT ORLANDO FL 34808	DIRECTORS  Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFI		IRECTORS Change	Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY; ST-ZIP	D MULLIN, THOMAS 4423 REAL COURT ORLANDO FL 34808	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	Addition	7 OC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. د دی ۱۵ میشید در زیم شایع شورسید	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	두 : ****** 구			] Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delote	TITLE NAME STREET ADDRESS				] Change	Addition	<u> </u>
C/TY-ST-ZIP			CITY-ST-ZIP		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in est	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change .	Addition	
NAME STREET ADDRESS	in the said	Delete	TITLE NAME STREET ADDRESS	<u> </u>		C	] Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signature shall have the	e same le	cal effect as if made under o	ath: that I am	an officer (	or director	7.2