8/25/2002-90217-0

FILED Sep 16, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

ANATOR ADDRESS AND THE STATE OF	DOCUMENT # P01000036425					Secretary of State					
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S. Service Age 61\ Implement of the purpose of changing its registered office or registered depter. or both, in the State of Forder Single Age County S. Centical or State Depter S. S. To Additional Forder S. To Additional Forder S. Centical or State Depter S. To Additional Forder S. Centification S. Centificat	Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE				
S. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 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 Fords 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 Fords 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 Fords 8. This corporation is eligible to early its intrangible agent ag	City & Sta	ate	City & State							- 5 mg	
S. Name and Address of Current Registered Agent Size Address (P. O. Box Number is Not Acceptable)	Zíp	Country	Zip	Count	ry		□ \$8.7	5 Additional	4		
Name Sive Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	registered Agent			7. Name and Address of New Ri		quired	4		
Signature: Since Address (P. D. Box Number is Net Acceptable) Signature: Signature of online in the purpose of changing its registered diffice or registered agent, or boat, in the State of Forde City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or boat, in the State of Forde Signature: Signatu			· · · · · · · · · · · · · · · · · · ·		Name	TO THE PERSON OF	egistered Agent	 -	-	#	
MAMAIR A 33187 City City FL Zip Coda 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. SIGNATURE Signature City FLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Matter May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee w	l	*		1	Stront Address (20 Da Maria Maria			4	'	
B. The above named onlity submits this statement for the purpose of changing its registated againt, or both, in the State of Fords SIGNATURE Summary Process or prints family submits this statement for the purpose of changing its registated againt, or both, in the State of Fords P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrangible P. This corporation is eligible to satisfy its infrance is a satisfy its				}	Street Address (dox Number is Not Acceptable) ——————		-	1	
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 Symmetry					-City		- Zip	Code		-	
Signature Engineers of important specified from a displaced again and sequence agains dependent and sequence agains agains an equivalent agains aga		e named entity submits this statement for	the purpose of changing its	registere	d office or register	ed agent, or both, in the State of Flor			-		
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THE NAME Change Addition Ad	Tax filing	requirement and elects to do so.	After May 1, 200)2 Fee w	rill be \$550.00		· - \	55.00 May Be added to Fees			
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ME REET AUDRESS IY-SI-ZIP It thereby 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 suppliemental report is rue 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 receivered ritustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the changed, or ohan attachment with an actriess, with all other like empowered. IGNATURE: SIGNATURE: Addition Addition Addition AMME SIRET ADDIESS CITY-SI-ZIP Con ZALCZ A141.02 256-8518	CITY-ST-ZIP										
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