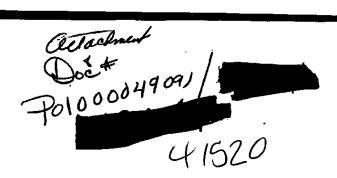
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FILED Aug 15, 2002 8:00 am Secretary of State 07-09-2002 90018 022 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

. . . .

1. Entity N	UMENT # P0100 ame Y-ALISE SUPPORTS AND SE	00049091 RVICES, INC			/	0, 0, 2	.002 9001	.0 022	15
Principal Place of Business Mailing Address 8627 SHENINA CT 8627 SHENINA CT CIPLANDO R. 32818 ORLANDO FL 32818					41520				
2. Principal	2. Principal Place of Business 3. Mailing Address								
Suite, Ap	rt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & St	ate	City & State	<u> </u>		FEI Number	1116 4	Doral	Applied For	
Zip	Country	Zip	Country	- L	Certificate of Status	Desired IR	\$8.75	Not Applicat Additional	лe
	6. Name and Address of Current R	egistered Agent			Name and Address		Fee Reca	nined	<u> </u>
MCGOWAN, DEBRA A 8627 SHENNA CT ORLANDO FL 32818			Name Street Add		Box Number is Not A		ed Agent		
•	e named entity submits this statement for ti tions of registered agent.	ne purpose of changing its	City .	gistered aq	gent, or both, in the S	tate of Florida. 1 a	Zip Ci	ode th, and accept	-
Tax filing (Signature, typed or primed name of registered agent and praction is eligible to satisfy its Intengible requirement and elects to do so.	FILE NOW!	FEE IS \$650.00	/50,0	10. Election Cam	cate		.00 May Be	-
11.	OFFICERS AND DIE	Make Check Payab	le to Department of	State	Trust Fund Co		⊔ Add	ed to Fees].
TITLE NAME STREET ADDRESS CITY-ST-ZIP;	D MCGOWAN, DEBRA A 8827 SHENNA CT ORLANDO FL 32818	☐ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP		on on on on on one	L-	□ Change		CRZE034 (4/02)
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TREET ADDRESS TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	-		-		***** **	-
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LE RE EET ADDRESS (-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
I hereby cer indicated on of the corpor changed, or IGNATU	nity that the information supplied with this for this report or supplemental report is true reation or the receiver or trustee empowers on an attachment with an address, with a supplemental report of the supplemental reports on a supplemental reports on the supplemental reports on	ENEQUIRE	e exemption stated in signature shall have the required by Chapter 8	Section 119 same leg 07, Florida	Statutes; and that my	utes. I further certinder oath; that I ar name appears in	Block 11 or E	Profirector Block 12 if	



July 2, 2002

Hadley-Alise Supports and Services, Inc. 8627 Shenna Court Orlando, FL 32818

To Whom It May Concern:

I received in today's mail the enclosed "2002 Uniform Business Report (UBR)" form. I met with my accountant who explained the purpose of this report. My accountant also informed that I should have received this report at the beginning of the year and that the fee should have been \$150.00 if submitted on time.

I am a newly formed corporation (May, 2001). After receiving this report and upon reviewing my records it has come to my attention that I never received the initial Uniform Business Report form. I contacted a representative at your office (Robert) and explained these circumstances to him and I also requested waiver of the \$400.00 penalty.

I am enclosing my "2002 Uniform Business Report (UBR)" and check in the amount of \$150.00. Please accept this letter as written request for waiver of the \$400.00 penalty.

Thanking you ip advance,

Debra McGowan

pol 0000 49

August 12, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Uniform Business Report 2002 - Corrections

To Whom It May Concern:

Please find attached the report as referenced above. You letter dated July 31, 2002 indicated that the FEI number appears to be invalid. I have made the appropriate corrections to the FEI number as indicated. It you have any further questions please contact me at 407-295-7869.

Sincerely

Debra McGowan