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

## **FILED** May 05, 2003 8:00 am Secretary of State

			- /			
DOCUI 1. Entity Name	MENT# PO 1 00 00	075441 ATES, INC		05-05-2003 91781 028 ***150.00		
DO NOT WRITE IN THIS SPACE				11041423		
2. Principal Place of Business 103 Country Club Pd 3. Mailing Address Suite, Apt. #, etc.  Suite, Apt. #, etc.			y Club Rd	DO NOT WRITE IN THIS SPACE		
City & State City & Sta		City & State EUSH'S P	L	4. FEI Number 3737148	Applied For Not Applicable	
Zip 32.7	26 Country USA	Zíp 32726	Country	5. Certificate of Status Desired  \$8	.75 Additional	
			7. Name and Address of Current Registered Agent			
			Name Tha			
	DO NOT W	RITE	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			offeet Address (1.0. Box Admiss 13 Not Acceptable)			
			1103 Country Club Rd			
			City Sus	તંદ FL	Zin Code	
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. I am familiar with, and accept						
SIGNATURE Agristive, typed in printed interpret agent						
Make Check	wary 1 May 1 Fee to 6150.00 ARC May 1 Fee to \$500.00 Amended UBR is \$61.25 Payable to Florida Department of	17.55.47.40		9, Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.7	OFFICERS AND D	DIRECTORS	TILE			
TITLE "" NAME	PRESIDENT	ما	NAME			
STREET ADDRESS	Shide in a main the firm of		STREET ADDRESS			
CITY-ST-ZIP	Elistis FL 3277	26	CITY-ST-ZIP		2	
TITLE	VICE - PRISOPENT		AME 12.55		, , , , , , , , , , , , , , , , , , ,	
NAME THOMAS & GRENON		NAME				
STREET ADDRESS 1103 Country Club Rd		STREET ADDRESS CITY-S1-2P				
CITY+ST-ZIP	Eustis, FL 3272	<u> </u>	TILLE			
title ! Name	;		NAME			
STREET ADORESS			STREET ADDRESS	BO NOT WEIT		
CITY-ST-ZIP	•		CITY-ST-ZP	DO NOT WRIT	<b>5</b>	
TITLE			TITLE .	IN THIS SPACE	F	
NAME			NAME:	11. 11110 01.70		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
			mie S			
title Name			NAME and the second			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZP			
TITLE			HILE			
NAME CIRCET ADDRESS			NAME STOLET KONDESS			
STREET ADDRESS			STREET ADORESS			

12. 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 I am an officer or director of the corporation or the receiver or fustee employmental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like impowered.

SIGNATURE:

352-357-5624