## 2002 HNIFORM BUGINESS DEPO

2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 18, 2002 8:00 am Secretary of State

1. Entity Na	JMENT# <b>P010(</b> ame ICKPORCH, INC	93485						
Principal Place of Business Mailing Address 1500 JACKS BRANCH RD P.O. BOX 520 GENERALEZ FL 32533 GONZALEZ FL 32560-052								
CANTON		OUNZALEZ PE SZSOVUSZ		<del></del>	I (Briston) bit main their main and		<del></del>	
	\$							
2. Principal Place of Business		3. Mailing Address			1 (001) (441   151   00101 (151)   007() VIII)	II ADVIS DOMI (DAID IDRA) EI	IH BAKAI KIED LEBI	
Suite, Ap	ol#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & St	ate -	City & State			4. FEI Number Applied For			
Zip	Country	Zip	Country	y		\$9.75	Not Applicable	
	6. Name and Address of Current	Pagistaved Agest			5. Certificate of Status Desired	Fee Requi		
	o. Name and Address of Current	negistered Agent		Name	7. Name and Address of New Re	gistered Agent		
STEPHE 1500 JA	٠,		Street Address (P.O. Box Number is Not Acceptable)					
	CANTON MENT			City FL Zip Code				
Tax filing (See crite	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so. aria on back)	FILE NOW!! After May 1, 200 Make Check Payabl	I FEE IS	ill be \$550.00	10. Election Campaign Fina Trust Fund Contribution.	. ,	00 May Be	
TITLE	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFIC			
NAME STREET ADDRESS CHTY-ST-ZIP	Stephens, LAUDAN 1500 JACKS BRAN CANTONMENT, FL	ch Road	NAME STREET A CITY-ST	ADDRESS	esident	Change	Addition	
NAME 200 75 STREET ADDRESS CITY-ST-ZIP	1300 VACKS BRAK	h A Delete sch Rand — 232533	TITLE NAME STREET A CITY-ST-	.051,255	cretary/Trea	SU RER	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Celeta	TITLE NAME STREET A	DORESS		☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Please Note - HAS NOT BEEN , Yet. Thanks	Business Activated	CITY-ST- TITLE NAME STREET ALL CITY-ST-	DDRESS		☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	yer. Thanks	☐ Delete	TITLE NAME STREET AC	DORESS		Change :	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2	DDRESS		☐ Change	Addition	

13. 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 trustee empowered to execute this report as adjurred by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OUTURECTOR-

04-30-02 850-937-8350 Date 850-937-9111 F. Crepe