2002 UNIFORM BUSINESS REPORT (UBR)

2002 Uniform Business Report (UBR)							FILED		
DOCUMENT # P0100079959 1. Entity Name E-FUN INTERNATIONAL, INC.							Apr 01, 2002 8:00 am Secretary of State 04-01-2002 90661 034 ***150.00		
Principal Place of Business C/O COAST-TO-COAST INVESTMENT 11232 TAMIAMI TRAIL N. NAPLES FL 34110				Mailing Address C/O COAST-TO-COAST INVESTMENT 11232 TAMIAMI TRAIL N. NAPLES FL 34110					
2. Principal F Clo Coas. Suite, Apt.	t-10-C		Real ty	3. Mailing Address clo Coast-to-Coast Realty Suite, Apt. #, etc.			alty	DO NOT WRITE IN THIS SPACE	
267 N. City & Stat	Collier		#204	267 N. Collier Blvd. # 204 City & State			04	4. FE! Number Applied For	
Marco Island, FL 39145 Zip Country				Marco Islana Zip 34145	Coun	, FL 34/45 Country USA		5. Certificate of Status Desired See Required Solution Solutio	
3414		and Addre	ss of Current F	Registered Agent	US) AF		7. Name and Address of New Registered Agent	
ROLLER, PETRA C/O COAST-TO-COAST INVESTMENT 11232 TAMIAMI TRAIL N. NAPLES FL 34110						Name ROLLER, PETRA Street Address (P.O. Box Number is Not Acceptable) C/O COAST-TO-COAST REALTY 267 N. COLLIER BUD. # 204 City MARCO ISLAND FL Zip Code 34/45			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be									
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State							Trust Fund Contribution. Added to Fees		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARDT, WOI TR. 20, 32	FFICERS AND I LFGANG 339 ESPELKA	☐ Delete	Delete TITLE NAME			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP S T RCHHARDT, WOLFGANG STONEY LEA ROAD DHAM, 14A 02026	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	11	E	<u> </u>	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- =	-	W.W	☐ Delete	H			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 41			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- II			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	II -			☐ 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 required 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 empowered.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									