8/11/2002-90164-(

FILED Aug 26, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 319 ADENIEST DR WEST JACKSONNILE R. 3277 ADKSONNILE R. 3277 Coputy S. Certificate of Status Dearing St. 5 Certificate of Status Dear	ECIDAL MACO AL Bueinago		·	-
Sulfe, Apt. F, etc. Sulfe, Apt. F, etc. Sulfe, Apt. F, etc. Sulfe, Apt. F, etc. DO NOT WRITE IN THIS SPACE	34 DALEHURST OR. WEST	3134 DALEHURST DR. W		
City & State Ci	Principal Place of Business	3. Mailing Address		
Applied Feather State	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
See critical on back) Country Zip Country S. Centificate of Status Desired \$8.75 Addrional Foe Required Street Address of New Registered Agent Name ACUETT, FRANKLYN D 3134 DALEHURST DR. WEST ACKSONVILE FL 32277 City City City City FL Zip Code FL Zip Code 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 Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need of Registered agent, or both, in the State of Florida Term familiar with, and accept need agent, or both, in the State of Florida Term famili	-	City & State		
AQUETT, FRANKLYN D 3134 DALEHURST DR. WEST JACKSONVILE FL 22277 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids I am familiar with, and accept the obligations of registered agent. NATURE Syntans, foed or pinese name of registered spent. POTE Registered Agent spentare required when remisting) DATE This corporation is eligible to satisty its Intangible Tax lifting requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CHANGES STRET ADDRESS	Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
Name Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current R	egistered Agent		
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 lamiliar with, and accept the obligations of registered agent. SNATURE Synatry, upon or printed name of registered agent application. (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 EXAMPLE STREET ADDRESS S	3134 DALEHURST DR. WEST			s (P.O. Box Number is Not Acceptable)
SNATURE Speakers typed or printed name of registered wom and late a applicate. (NOTE: Registered Apart signature required when remistating) DATE	Ba change and the second secon		I '	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back	NATURE			
(See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees	This corporation is eligible to satisfy its Intangible	FILE NOW!	FEE IS \$550.00	10 Florition Comparing Figure 1
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ADDRESS STREET ADDRESS CHY-ST-ZIP 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 of this report or supplemental report is true and accurate and that my signature shall have the certification of this report or supplemental report is true and accurate and that my signature shall have the certification.				