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

04-28-2002 90579 038 \*\*\* 158.75 P01000094333

<b>*</b>	ENT# PO10000 The SHOAL CRES		FI M Se	A.M.				
D	O NOT WRITE	IN THIS SI	PACE					
2. Principal Place		3. Mailing Address						
9044 TI	aff Rd.	P.O. BOX 591		_				
Suite, Apt. #, e		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State TAIAhAS	see 71.	Cantonmen	t 71.	4. FEI Number	1635443	Applied For Not Applicable	]	
3,1305	Country USA	Zip 32533.	Country USA	5. Certificate of		8.75 Additional	7	
<u> </u>		, - 0,,,,,,	GERMONY -	7. Name and Add	iress of Current Registered	ee Required	-	
			Name	Sa 81				
	DO NOT WI	RITE			P.O. Box Number is Not Acceptable)			
IN THIS SPACE					Thor Acceptable)	•		
	IN THIS SEA	1 113(	1136 English LN					
	4		City	T. 11 D.	FL	Zin 2009 464	-	
8. The above name	ed entity submits this statement for	the purpose of changing its	registered office or registe	ered agent or both		134464	-{	
		and perpendicular surgering no	ragistered office of registe	sied agent, or both, i	n the State of Florida.			
SIGNATURE								
Signa	ture, typed or printed name of registered agent an	-	Registered Agent signature require	d when reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After May			ay 1 Fee is \$150.00 I, Fee is \$550.00	10. Flection	on Campaign Financing	\$5.00 ·· ·	]	
(See criteria on		Amended	UBR is \$61.25	Trust F	Fund Contribution.	\$5.00 May Be Added to Fees		
11.	OFFICERS AND D		e to Department of Sta	ite	· · · · · · · · · · · · · · · · · · ·	<del></del>		
TITLE P	resident		TIFLE				ੂ	
ume Diane Roddenberry		NAME			,	8		
			STREET ADDRESS	•			CR2E034B (12/01)	
CITY-ST-ZIP CANTONMENT, F1, 32533			CITY-ST-ZIP	•			§	
Delores Cardin Vice President			TITLE				22	
STREET ADDRESS 9044 LATT Rd			NAME STREET ADDRESS			`	ច	
CITY-ST-ZIP 7	AllAhassee, 71. 3230	35	CITY-ST-ZIP	,				

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filling 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 correction of the resolution on an

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attachment with an add	e receiver or trustee ress, with all other lik	empowered to execu	ite this report as	required by Chapter 607	7. Florida Statutes	and that my name appear	ars in Block 11 or
		1	1 .	•	•	850-9	37-047
CICALATURE.	MILLIAN	N . U . U . U	. 100 12/		11 rx	2 200	/

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SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Roddenberry Secretary 2510 Jeter Rd.

CANtonment, H. 32533

Treasurer Milton R. Cardin 9044 TATT Rd. Tallahassee, 71. 32365

- [O - OJ

850-477-6777

Davtime Phone #