2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am

6. Name and Address of Current Registered Agent TYLER, KATHY 340 NW 76TH DR GAINESVILLE FL 32607 City FL Zip C City FL Zip C 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 9. This corporation is eligible to satisfy its intangible Tax hilling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 11. OFFICERS AND DIFFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 14. OFFICERS AND DIFFECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS 16. Change MAME SIFEET ADDRESS CITY-S1-JP ITILE MAME SIFEET ADDRESS CITY-S1-JP TITLE MAME SIFEET ADDRESS CITY-S1-JP TITLE MAME SIFEET ADDRESS CITY-S1-JP TITLE MAME SIFEET ADDRESS CITY-S1-JP CITY-S1-JP Delete TITLE MAME SIFEET ADDRESS CITY-S1-JP TITLE MAME SIFEET ADDRESS CITY-S1-JP CITY-S1-JP Delete MAME SIFEET ADDRESS CITY-S1-JP	04-30-2002 90077 008 ***150.00				# P01000 AL ESTATE INVEST	me	T. Chury Ma.	
Suite, Apt. #, etc. City & State Country Zip Country Street Address of Status Desired \$8.75 Fee Req. **Registered Agent **TVLER, KÄTHY 340 NW, 78TH DR GAINESVILLE FL 32607 City Street Address (P.O. Box Number is Not Acceptable) FL Zip C City FL Zip C Atter May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Street Address To OFFICERS AND DIRECTORS 12. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANSES TO OFFICERS AND DIRECTORS TITLE MAKE SIRRET ADDRESS CITY-S1-ZIP TITLE CITY-S1-ZIP TITLE CITY-S1-ZIP TITLE MAKE SIRRET ADDRESS CITY-S1-ZIP TITLE CITY-S1-ZIP TITLE CITY-S1-ZIP TITLE CIT	A MARTICALI ZIL ADMIT MART BANKI BANKI BANKA NAKKUNNIK BUNKI ATKIK KANTI OKO I			340 NW 76TH DR		I OR FL 32607	340 NW 76TH	
City & State Country City S. Certificate of Status Desired \$8.75 or Rev. Registered Agent \$8.75 or Registered Agent				3. Mailing Address	ss	Place of Business	2. Principal	
Zip Country Zip Country S. Certificate of Status Desired S. 88.75. For Requirement and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Number is Not Acceptable) B. Taken Address (P.O. Box Num	DO NOT WRITE IN THIS SPACE			Suite. Apt. #, etc.			Suite, Apt. #, etc.	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The Above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The Above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. The Register Above named agent specified agent, or both, in the State of Florida. 9. The Register Above named agent specifie	El Number Applied For Not Applied For Not Applied For	4		City & State		10	City & Sta	
S. Name and Address of New Registered Agent TVLER, KATHY 340 NW 76TH DR GAINESVILLE FL 32607 City FL Zip C Address (P.O. Box Number is Not Acceptable) Date The State of Florida. Date City City FL Zip C City City City FL Zip C City City City City FL Zip C City City City City FL Zip C City Cit	60.7E	5	Country	Zip	Country	C	Zip	
A. 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, hybrid or printed name of registered agent are title if applicable. (NOTE Registered Agent synature required when remasking) 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. Add 14. Change TYLER, KATHY STREET ADDRESS CITY-ST-2P 17. CANNES VILLE FL 32807 17. ST-2P 17. Delete 17. MAME STREET ADDRESS CITY-ST-2P COTA TO THE MAME STREET ADDRESS CITY-ST-2P CITY-ST-2	100 A	ime	<u> </u>	TYLER, KATHY 340 NW, 78TH DR				
SIGNATURE Synature, hypero or printed name of registered agent and lite if applicable. (NOTE Registered Agent signature required when retreatating) 9. This corporation is elligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. AMAE 14. STREET ADDRESS 15. CITY-ST-ZIP 16. Election Campaign Financing 17. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Election Campaign Financing 17. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. AMAE 18. SIREET ADDRESS 18. CITY-ST-ZIP 18. MAME 18. MAME 18. SIREET ADDRESS 18. CITY-ST-ZIP 18. MAME 18.	FL Zip Code	у	City	*				
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME NAME	10. Election Campaign Financing \$5.00 May Be	150.00 be \$550.00	!! FEE IS \$150 2 Fee will be \$	FILE NOW!! After May 1, 200	e to satisfy its intangible d elects to do so.	oration is eligible to requirement and e	9. This corporate Tax filing	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME NAME	ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Α	12.	RECTORS	OFFICERS AND DIR	,		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	☐ Change ☐ Addition	ſ	NAME STREET ADDRESS	☐ Delete	H DR	TYLER, KATHY 340 NW 76TH I	name Street address	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME NAME Change	☐ Change ☐ Addition &	Į.	NAME Street address	☐ Delete			name Syreet address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	☐ Change ☐ Addition	ESS	NAME STREET ADDRESS	□ Delete			NAME STREET ADDRESS	
TITLE Defets TITLE Change NAME NAME	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS	· Deleta			name Street address	
CITY-ST-ZIP CTTY-ST-ZIP	Change Addition	ESS	TITLE NAME STREET ADDRESS	☐ Delete	· · · · · · · · · · · · · · · · · · ·		TITLE NAME STREET ADORESS	
Change C	☐ Change ☐ Addition		TIFLE	Celete			TITLE	

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 THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR