## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2002 8:00 am Secretary of State

1. Entity Nar		1102504				04-23-2	002 9038	9 048 ***	150.00	
Principal Place 17004 PINE R UMATILLA FL	= - •	Mailing Address 17004 PINE RIDGE DR UMATILLA FL 32784								
}			···							
2. Principal I	Place of Business	3. Mailing Address			1 19411961111 94	184 99 }1 91	1911 <b>9 9-9</b> 4 11 <b>2</b> 11 21			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & Slate		4.	4. FEI Number 3 7 5 4 2 8 4 Applied For Not Applicable					
Zip Country		Zip Country		5.	5. Certificate of Status Desired  \$8.75 Additional Fee Required					1
<u>.</u>	6. Name and Address of Current Re	glstered Agent -		<b>7.</b>	Name and Addr	ess of New				1
٠		<del></del>	Nam	e						1
WEBER, FRANCIS G 17004 PINE RIDGE DR		Stree		at Address (P.O.	ddress (P.O. Box Number is Not Acceptable)					
UMATILLA	N FL 32784									Ì
			City				FL	Zip Cod	ə	7
8. The above	e named entity submits this statement for the	ne purpose of changing its re	egistered office	e or registered aç	gent, or both, in t	he State of F	lorida.			1
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent si	gnature required when r	einstating)	· · · · · ·	DATE		<del></del>	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOWIII FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					1
11.	OFFICERS AND DI	RECTORS	12.	AC	DITIONS/CHAN	IGES TO OF	FICERS AND	DIRECTOR	S IN 11	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s 1700	is Web 4 Bide	eR. 6,	Pres. e Dr	☐ Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY=SI-ZIP_	and the second s	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s 3251	JEW ZME spora	mony FL	Treas Lar 347	٠.	Addition	38
TITLE		☐ Delete	TITLE		<del> / '</del>	<del></del>		☐ Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	ss						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	-	,		Change	Addition	
13. I hereby of indicated	certify that the information supplied with thi	s filing does not qualify for the and accurate and that my	e exemption s	stated in Section	119.07(3)(i), Flori	ida Statutes.	I further certi	fy that the in	formation	