2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am

				<u>*</u>	Caaraata	f	04040	
DOCUMENT # P01000102850 F. T-CUBED LIMITED, INC.					Secreta 05-07-2002	ary 01 : 90183 001 *		
Principal Place of Business 903 FAIRWAY DRIVE SUITE 2 NEW SMYRNA BEACH FL 32168		Mailing Address 803 FAIRWAY DRIVE SUITE 2 NEW SMYRNA BEACH FL 32168			. 87349			
2. Principal F	Place of Business	3. Mailing Address						j
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEL Numb	27 C/ 9/7		Applied For	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	¢9.75 A	tditional	
	6. Name and Address of Current F	Registered Agent	-	7. Name and	d Address of New Regist		-	
1840 SW 4TH FLO MIAMI FL		NEW	Smyroa Be	er is Not Acceptable) 4. (ACA	FL 359	68		
SIGNATURE Signplure, typed or printed name of registered agent and title interplacable. (NOTE: Registered Agent signature requirements in selligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Sta					Usl	4-39-0 / DATE 9 \$5.	00 May Be	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS	/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY- 5T-ZIP	PD TOLLEY, LEWIS R 803 FAIRWAY DRIVE SUITE 2 NEW SMYRNA BEACH FL 32168	🔀 Delete	TITLE P.D. NAME STREET ADDRESS CITY-ST-ZIP	bobert C. 803 FAIRWA UGW SNYRA	TOLLEY-P. Of DRIVE Sto OA BEACH F	0. 14 Change 4 3 7. <i>331</i> 68	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOLLEY, ROBERT C 803 FAIRWAY DRIVE SUITE 2 NEW SMYRNA BEACH FL 32168	☐ Delate	CITY-ST-ZIP	I.P DIR.	TOLLEY Sto.	□ Change 2 30/48	Addition	5
TITLE		☐ Delete	TITLE SELECT S	CC. TREAS		☐ Change	▲ Additio n	İ
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-SI-ZIP	YARIAN-I. 70 OS FAIRLOMY SEW SMYROA	BEACH FT. 3	2/68		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZEP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition	
πnF		□ Delete	TITLE			☐ 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP