2002 -2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO1000108077					FILED Sep 17, 2002 8:00 am Secretary of State			
POCL P	HEATER MAN, IN	c,			09	9-17-2002 9009	0 034 ***55	58.75
Principal Place of Business 318 NORTHERST 11th STANT 31B NORTHE CAPE CORNL F1 37909 CAPE CORNL			T 11th STUKET F1 33909		125667			
Suite, Apt. #	PINE ISLAND Rd	3. Mailing Address /3/8 km fay #TTE ST Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State CAPE CORAL, F1.		City & State CAPE CARML Zip	Fl.		El Number 5-//5/6	694	Not	Applicable
3390	9. Country	33904	Country LEE		ertificate of Status	Desired	\$8.75 Add Fee Required Agent	
1840 SW 42nd ST. 4Th Floor 4302					(P.O. Box Number is not Acceptable) Sw39**ST Se Coral FL 339/4			
9. This corpo	named entity submits this statement for	nd title if applicable. (NOTE: f	Registered Agent signatur FEE IS \$150.0	e required when re 0 50.00 of State	instating) 10. Election Ca Trust Fund	DATE mpaign Financing Contribution.	Addec	0 May Be to Fees
11.	OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANG	ES TO OFFICERS AI	ND DIRECTOR:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Call's William 4 318 NOTTH EAST 11th S Cape Conal VI 33	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presidente CHILIST BIB MO CUBE C	william b with ENST loval Fl	33909	Change	Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAPE COMMINION	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice Pr Libby, 830 & Cape	Brian M Sw3974 Conal FI	33909 eure Tary 5T 3391	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP				Change	Addition
13. I hereby indicated	certify that the information supplied with don this report or supplemental report is reported or the receiver or trustee and	this filing does not qualify for	the exemption sta	ted in Section ave the same	119.07(3)(i), Florid legal effect as if n	da Statutes. I further nade under oath; tha hat my name appea	certify that the t I am an office rs in Block 11 c	information r or director or Block 12 if

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #