FILED Jun 11, 2002 8:00 am Secretary of State 05-23-2002 90017 035 ***150.00

2002 UNIFGS	MI-BOSINESS REPORT (OF	96
DOCUMENT #	P01000111140	

DOCUMENT # 1. Entity Name

SAM CARNEY SALES & MARKETING INC.

Principal Place of Business 100 NARONIA MOSS LIA DITEMPASE FL 20725 Subs. Apt. 4, etc. Subs. Apt. 4, etc. City A State City		SAW CAI	HINET SAL	ES & WANKETIN	3, IIV			V					
Sulfa, Apt. 4, etc. City & State Country Respectable See Republic City FL Zip Code City Table City FL Zip Code City	190 HANGING MOSS LN.		190 HANGING MOSS LN.				I HORKTOOL HIN ORLOG HARDI OORIH OORIH	-	14 14 18 1 14 14	8 78 3 7 98 11 (1811			
City & State Country Country Country S. Certificate of Status Desired S. Status Desired S. Remain and Address of Current Registered Agent Name Name Name Name Name Name Name Name Name Susest Address (P.G. Box Namber is Not Acceptable) City FL Zip Code City	H	2. Principal f	Tace of Busin	ess	R -3.≅Mailing-Address - €		ن د کمت						- 2 -
Section Sect	ŀ	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITI	E IN THIS SPA	ACE		
Section Sect	City & State			City & State			4. F	A SELNumber - Applied For					
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Street Address (P.C. Box Number is Not Acceptable) Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code City City City FL Zip Code City City City City City FL Zip Code City	L	Zin.		Country				5'	d 302,400d		No	Not Applicable	
CARREY, SAMUEL H 190 HANCRING MOSS LN. ENTERPRISE FL 32725 City FL Zip Code	L	Σip		-						Fe	e Require]
190 HANGING MOSS LN. ENTERPRISE FL 32725 City FL Zip Code City F	L	سننتها واستعاد	5. Name	and Address of Current	Registered Agent		_Name*	7, N	lame and Address of New Re	gistered Age	ınt		1
ENTERPRISE FL 32725 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		_					Street Add	ress (P.O. B	ox Number is Not Acceptable))			-
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 Fiorida. Signature, hood or prived terms of registered separation and size it applications. (PICTE Registered Apent Explanation required when reintrating) 9. This corporation is eligible to satisfy its Intangible Tax Bling requirement and elects to do so. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 19. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 190 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 190 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 101 Delete TITLE 102 Delete TITLE 103 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 104 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 105 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 106 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 107 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 108 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 108 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 109 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 100 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 100 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 104 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 105 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 106 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P TITLE 107 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P 107 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P 107 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P 108 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P 109 HANGING MOSS LIN. STRET ADDRESS CITY-S1-2P 100 HANGING MOSS LI	١			- ·									-
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 fling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 TILE OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OARNEY, SAMUEL H 190 HANGING MOSS IN. STIRET ADDRESS CITY-ST-2P TITLE DI OHANGING MOSS IN. CITY-ST-2P TITLE DI OHANGING MOSS IN. STIRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE MAKE STIRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAKE STIRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAKE STIRET ADDRESS CITY-ST-2P TITLE Delete TITLE MAKE STIRET ADDRESS CITY-ST-2P TITLE MAKE STIRET ADDRESS CITY-ST-2P TITLE Delete TITLE MAKE STIRET ADDRESS CITY-ST-2P TITLE MAKE			10010010	~			City			FL	Zip Cod	e	-
Signature, place of president agent and table it applicable. (POTE Registered Agent separate required when required when required when recursion) (DATE 9. This corporation is eligible to assistly its Intangible Tax filing requirement and elects to do so. (See other a ph DayA)	┞		e named entity	submits this statement for	r the purpose of changing	g its registere	L ed office or re	gistered age	ent, or both, in the State of Flor				1
Signature, place of president agent and table it applicable. (POTE Registered Agent separate required when required when required when recursion) (DATE 9. This corporation is eligible to assistly its Intangible Tax filing requirement and elects to do so. (See other a ph DayA)		`.z.											
Task fling requirement and elects to do so Sater May 1, 2002 Fee will be \$55.0.00		SIGNATURE .	Signature, typed o	or printed name of registered agent	and title if applicable. ((NOTE: Registered	erutangia megA b	equired when rei	instating)	DATE			
TITLE CARNEY, SAMUEL H STREET ADDRESS CITY-ST-2IP TITLE DAME STREET ADDRESS CITY-ST-2IP TITLE DAME STREET ADDRESS CITY-ST-2IP TITLE DAME STREET ADDRESS CITY-ST-2IP TITLE DElete TITLE DELETERPRISE FL 32725	Tax filing requirement and elects to do so. After May 1, 2002 I				2002 Fee	will be \$550	.00						
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	<u> </u>				<u> </u>		manager 3		DITIONS/CHANGES TO OFFIC	CERS AND DI	RECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		NAME Street address	CARNEY, S 190 HANG	ing moss ln.	☐ Defete	NAME STREE	ET ADDRESS				Change	Addition	2E034 (9/01)
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition	1	name Street address	CARNEY, J 190 HANG	ing Moss Ln.	☐ Delete	NAME STREE	ET ADDRESS				Change	Addition	5
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		☐ Delete		1			. □	j Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS				STREE	T ADDRESS	**** .					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CHARGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	,	NAME STREET ADDRESS			□ Delete ∵	NAME STREE	ET ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	1	NAME Street address			☐ Delete	NAME STREE	T ADDRESS				Change	☐ Addition	
	1	NAME Street adoress			☐ Delate	name Stree	T ADDRESS	- Charter	ه در الحدد المار المار الم		Charige	Āddilion Ā	
			ertify that the	information supplied with	this filing does not qualify			in Section 1	19.07(3)(i), Florida Statutes. I f	urther certify t	hat the in	formation	

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.