FILED

## 2002 Uniform Business Report (UBR)

## Apr 15, 2002 8:00 am Secretary of State DOCUMENT # P01000113445 1. Entity Name 04-15-2002 90031 022 \*\*\*150.00 9 TO 18, INC. Principal Place of Business Mailing Address 96 WILLARD STREET. #302 96 WILLARD STREET. #302 **COCOA FL 32922** COCOA FL 32922 2. Principal Place of Business 3. Mailing Address 1980 N. Atlantic Avenue Suite, Apt. #, etc. Suite 1024 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Cocoa Beach, Florida Applied For City & State 4. FEI Number Not Applicable Country Country Zip 32931 \$8.75 Additional 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNETT, KOHN Street Address (P.O. Box Number is Not Acceptable) 96 WILLARD STREET, #302 COCOA FL 32922 Zip Code 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, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible : **⇒\$5.00** May Be After May 1, 2002 Fee will be \$550.00 > ~Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F President Change Addition K. E. Alles NAME BENNETT, KOHN NAME STREET ADDRESS STREET ADDRESS 96 WILLARD STREET, #302 1980 N. Atlantic Avenue, Suite 1024 CITY-ST-ZIP COCOA FL 32922 CITY-ST-ZIP Cocoa Beach, Florida 32931 V.P./Sec./Treasurer TITLE ☐ Delete TITLE Change ★ Addition NAME NAME N.A. Weynert STREET ADDRESS STREET ADDRESS 1980 N. Atlantic Avenue, Suite 1024 CITY-ST-ZIP CITY-ST-ZIP <u>Còcoa Beach, Florida 32931</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02 321-783-3060 Date Daytime Phone # CROF