.*

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DOCUMENT # 1001	55 A 1 1 10-	Secretary of State 05-28-2002 91744 036 ***150.00		
DO NOT WRITE IN THIS SPACE 2. Principal Places of Business 9831 050c01a of Sale Apit 4 occ. Suita Apit 4 occ. Suita Apit 4 occ. DO NOT WRITE IN THIS SPACE Cry & Suga 1 Country 2 DO NOT WRITE IN THIS SPACE Cry & Suga 1 Country 2 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Suita Apit 4 occ. Cry & Suga 2 Do Country 3 S. Conflictule of Sustain Desired \$8.75 Additional Fee Required Fee Required Sugar Apit 4 occ. Cry & Sug	1. Entity Name	0001186			
DO NOT WRITE IN THIS SPACE 2. Principal Places of Business 9831 050c01a of Sale Apit 4 occ. Suita Apit 4 occ. Suita Apit 4 occ. DO NOT WRITE IN THIS SPACE Cry & Suga 1 Country 2 DO NOT WRITE IN THIS SPACE Cry & Suga 1 Country 2 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Suita Apit 4 occ. Cry & Suga 2 Do Country 3 S. Conflictule of Sustain Desired \$8.75 Additional Fee Required Fee Required Sugar Apit 4 occ. Cry & Sug	[F P 51 11	Tue	سا.	1	
2. Principal Place of Business 9851 DSCCOLA C. Suita, Apr. F. etc. Suita, Apr. F. etc. Suita, Apr. F. etc. Suita, Apr. F. etc. Cry & State 20 Cy & State 21 Country 21 Country 31 Country 32 S. Certificate of State Desired 38.75 Additional Principal Principa	P. K. Schell	LKC,	•		
2. Principal Place of Business 9851 DSCEALA C. Suita, Agr. 4. Etc.					
Silbe, Apt. F. etc. Silbe, Ap	DO NOT WRIT	'E IN THIS S	PACE		
Sults, Apt. F. etc. Sults, Ap	2 Principal Place of Queinose	G Maille Add			
Suite, Apt. 4, etc. City & Stage City & St					
DO NOT WRITE IN THIS SPACE Secondary 2p				DO NOT WRITE IN THIS SPACE	
200 NOT WRITE IN THIS SPACE Cuty		City & State		4. FEI Number	Applied For
S. Conflictual or Status Desired 7. Name and Address of Current Registered Agent Name State Address of Current Registered Agent National State Address of Current Registered Agent National Registered Agent Nation					- '
DO NOT WRITE IN THIS SPACE Steel Address P.O. Box Number (Not Acceptable) City Long FL Site Code 4 City Long FL Site Code 4 Signature Flority submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax fifty requirement and elects to do so. A 1. OFTI Registered Agent systems required was residued it epistone. Incit May 1 Fee is \$550.00 After May 1 Fee is \$550.00 After May 1 Fee is \$550.00 After May 1 Fee is \$550.00 And One Changing Financing Tax Fund Completion. SECTIONS: Incit Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OSCIPLIA CONTROL OF THE MAKE STREET ADDRESS 14. OFFICERS AND DIRECTORS 15. OFFICERS 15. OFFI		*	Country	5. Certificate of Status Desired	
IN THIS SPACE City Let A Rill of Received Agent		هيس بين المحميد م	Name	7. Name and Address of Current Regist	ered Agent
IN THIS SPACE City Let Cot River FL 3D Code 4 City Let	DO NOT V	Street Address	Street Address (P.O. Box 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 Florida. SIGNATURE Signature, uperdor present name of registered agent and the Perpose of Changing its registered agent, or both, in the State of Florida. Signature, uperdor present name of registered agent and short sequence agent agent agent agent are required aftern investing) DATE Signature, uperdor present name of registered agent agent agent are required aftern investing) DATE Signature, uperdor present name of registered agent agent are required aftern investing) DATE Signature, uperdor present name of registered agent agent agent are required aftern investing) DATE Signature, uperdor present name of registered agent, or both, in the State of Florida. Signature, uperdor present name of registered agent, or both, in the State of Florida. Signature in the State of Florida. Signature in State of Florida. Signature in the State	IN THIS S	<u> </u>	osceola dr.		
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 Signature, typed or printed herite of registered agent and title if expication. (NOTE Registered Agent agenture register agenture register and registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (NOTE Registered Agent agenture registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (NOTE Registered Agent agenture registered agent, or both, in the State of Florida. Single registered Agent agenture registered agent, or both, in the State of Florida. Single registered Agent agenture registered agent, or both, in the State of Florida. Single registered Agent agenture registered agent. Or both, in the State of Florida. Single registered Agent agenture registered agent, or both, in the State of Florida. Single registered Agent agenture registered agent. Or both, in the State of Florida. Single registered Agent agenture registered agent. Or both, in the State of Florida. Single registered Agent agenture registered agent. Or both, in the State of Florida. Single registered Agent agenture registered agent. Or both, in the State of Florida. Single registered Agent agenture registered agent. Or both, in the State of Florida. Single registered Agent agenture registered agent. Or both, in the State of Florida. Single registered Agent agenture reg		.,,,,	City		
SIGNATURE Symmers, typed or privated name of registrered agent and talls if application. (INCITE Registrered Agent appreciate required when recreating) DATE	. T		New	10 1 Kickes	FL 3065 4
9. This corporation is eligible to statisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TITLE MAME SIREET ADDRESS CITY-ST-2P TITLE MAME SIRET ADDRESS CITY-ST-2P	8. The above named entity submits this statement	t for the purpose of changing it	S registered office or registe	ered agent, or both, in the State of Florida.	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. SUBJECT ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P					
Tax filing requirement and elects to do so to (See citteria or back) After May 1, Fee is \$55,000 Amended UBR is \$61,250 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-S				ed when reinstating) D/	(TE
Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME SIRET ADDRESS CITY-ST-2P	Tax fiting requirement and elects to do so.	After May	y 1, Fee Is \$550.00		- WOIGO May Do
TITLE NAME TOTAL RESIDENT FIVEST TOTAL NAME STREET ADDRESS COTY-ST-2P TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL NAME STREET ADDRESS COTY-ST-2P TOTAL T		Make Check Pays		ate	☐ Added to Fees
NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO NOT WRITE TITLE NAME SIRET ADDRESS CITY-ST-ZIP TO NOT WRITE TITLE NAME SIRET ADDRESS CITY-ST-ZIP			TITLE		=======================================
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP			B		(12/0
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP New York River	FL 34654	I 1		348
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				2
NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME		1		
TITLE NAME STREET ADDRESS CITY- ST-ZIP	STREET ADDRESS	· • · • • • • • • • • • • • • • • • • •	STREET ADDRESS	DO NOT WE	DITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TILE				
CITY-ST-ZIP	NAME		NAME	IN THIS SPA	ACE
NAME STREET ADDRESS CITY-ST-ZIP CTTLE UAME NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP	CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	TILE		TITLE		
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		I		
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME	,	1		
0/1 J-21	STREET ADDRESS		STREET ADDRESS		
indicated on this recent or cumplemental range does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information		th this filling does not qualify to		ootion 110 07/2)/2 Fig. 4- C	
of the corporation or the receiver or further 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 eceiver or trustees empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.	indicated on this report or supplemental report of the corporation or the receiver or trustee	is true and accurate and that r powered to execute this repo	n are exemption stated in Se my signature shall have the rt as required by Chapter 6	scion 119.07(3)(1), Fiorida Statutes, I further same legal effect as if made under oath; tha 07, Florida Statutes; and that my name and	ceruty that the information It I am an officer or director ears in Block 11 or on an
	attachment with an address, with all other like e	empowered.	00.		ļ
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DE DES DANGE OFFICER OR DIRECTOR DE DED DE DED DED DE DED DE DED DE DES DANGE OFFICER OR DIRECTOR DE DED DE DED DE DED DE DES DANGE OFFICER DE DED DE DE DED DE DED DE DED DE DE DE	SIGNATURE: SIGNATURE AND TYPED OR	PRENTED NAME OF SIGNAM OFFICE	OR DIRECTOR	5-10-02 727-9°	37-1369