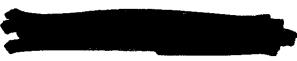
## 2002 UNIFORM BUSINESS REPORT (UBR)

P01000122082

DOCUMENT #

## FILED Jun 02, 2002 8:00 am Secretary of State 05-02-2002 90126 013 \*\*\*150.00



| 1. Entity Na<br>PB HAU  | ULING, INC.  |  |   | V  | 03-02-2002 901                     | 20 012           | 100100                        |  |
|---|--|--|---|--|------------------------------------|------------------|-------------------------------|--|
| Principal Place of Business POST: OFFICE 80X 9201 BRADENTON FL 34206-8201 |  | Mailing Address POST OFFICE BOX 9201 BRADENTON FL 34206-9201 |   |  | 33327                              |                  |                               |  |
| 2. Principal  | Place of Business  | 3. Mailing Address   | · · · · · · · · · · · · · · · · · · ·                           |  |                                    |                  |                               |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc   |   | $\dashv$   | DO NOT WRITE IN THIS SPACE         |                  |                               |  |
| City & State  |  | City & State   |   | 4.   | <i>a</i> )                         |                  | Applied For<br>Not Applicable |  |
| Zip   | Country  | Zip  | Country   | 1 '  | Certificate of Status Desired      | \$8.75 A         | oditional                     |  |
|   | 6. Name and Address of Current Re  | gistered Agent   |   | 7.   | Name and Address of New Registered | Agent            |                               |  |
|   |  | <u> </u>   | = Name ≈  |  |                                    |                  |                               |  |
| MUNN, FREDERICK<br>908 40TH AVENUE WEST                                   |  |  | Street Add  | Street Address (P.O. Box Number is Not Acceptable) |                                    |                  |                               |  |
| BRADEN  | TON FL 34205   |  | 0   |  |                                    |                  |                               |  |
|   |  |  | City  |  | FL                                 | Zip Co           | de                            |  |
| SIGNATURE  9. This corp  Tax filing                                       | e named entity submits this statement for the Signature, typed or printed name of registered agent and coration is eligible to satisfy its Intangible requirement and elects to do so. | tile if applicable. (NOTE: f                                 | Registered Agent signature in FEE IS \$150.00 Pee will be \$550 | equired when re                                    |                                    |                  | 00 May Be                     |  |
| 11.   | OFFICERS AND DI  | <u> </u>   | ■ 12.   |  | DITIONS (CHANGES TO OFFICERS AND   | DIDECTOR         | NO. 15.1.4.4                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     | Frederick Munn<br>908 40HH AVE W.<br>Bradenton FL 340  | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | AD   | DITIONS/CHANGES TO OFFICERS AND    | DIRECTOR  Change | RS IN 11                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                     |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |  |                                    | Change           | ☐ Addition                    |  |
| NAME<br>STREET ADDRESS  |  | Defete   | TITLE NAME STREET ADDRESS                                       |  |                                    | ☐ Change         | Addition                      |  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                         |  | □ Delete   | CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP           |  |                                    | ☐ Change         | ☐ Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            |  | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |  |                                    | ☐ Change         | Addition                      |  |
| TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                            |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |  |                                    | Change           | ☐ Addition                    |  |

of the corporation of 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.