2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

1/1

FILED Feb 14, 2003 8:00 am Secretary of State

Principal Place of Business Taskin Address Taskin A	1. Entity Na	JMENT # PO2000(me ANAGEMENT, INC.)88930		01-18-2003 90072 042 *** 130.00
Suito, Apt. II, etc. Suito, Apt. III, etc. Suito, Address of New Registered Agent North FORT MYERS F1, 33903 City FLE North II FEE IS \$1300.00 After large, 1, 2003 Fee will libe \$550.00 Make Check Psymbols to Florida Department for the purpose of changing its registered diffice or registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, er both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, er both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar with, and accept integrations of registered agent, or both, in the State of Rarida, I am lamiliar	16251 N CLE	VELAND AVE	16251 N CLEVELAND AVE		
City & State City & State City & State City & State Country C	2. Principal Place of Business		3. Mailing Address		
Zip Country Zip Country Zip Country S. Cardicate of Status Desired Office of Regulated Agent To Name and Address of New Registrated Agent Pro Recursion Status Desired Office of Regulated Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, or both, in the State of Florids. I am familiar with, and accept the origination of registered agent, o	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPBELL, JOSEPH 18251 N CLEYELAND AVE NORTH FORT MYERS FL 33903 City City FL Zip Code 1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent agent are so that for the purpose of changing its registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent agent are so that for a control resolution. SIGNATURE Speakure from VIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Plantate Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O AMPRIEDLY JOSEPH SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE O CAMPBELL JOSEPH NAME SIRES ADDITIONS/CHANGES T	City & State				30-0102754 Applied For-
CAMPBELL, JOSEPH 16251 N CLEVELAND AVE NORTH FORT MYERS FL 33903 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. I am farmitiar with, and accept the obligations of registered agent. SIGNATURE FUE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$\$55.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E MAKE STREET ADDRESS COTY-51-2P ORTH FORT MYERS FL 33903 COTY-51-2P ORTH FORT MYERS FL 33903 COTY-51-2P ORTH FORT MYERS FL 33903 COTY-51-2P ITILE MAKE STREET ADDRESS COTY-51-2P ITILE MAKE STREET ADDR	Zip		<u> </u>	Country	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligation of Rorida agent, or both, in the State of Rorida agent, or	o ti form			Name	
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat		JA! MIERO FE 33300			
SIGNATURE Signature hybrid or printed name of registered agent soft till applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E OCAMPBELL, JOSEPH STRETA ADDRESS OITY-ST-2P NORTH FORT MYERS FL 33903 III.E NAME STRETA ADDRESS OITY-ST-2P NORTH FORT MYERS FL 33903 III.E NAME STRETA ADDRESS OITY-ST-2P III.E NAME STRET				City FL Zip Code	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE REQUIRED