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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UER)

1. Entity Name				F I know the Late	
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A AND E MANAGEMENT CORP SERVICES				0311W 10 WH 0. 11	
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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2. Principal Place of	Business	3. Mailing Address			
Suite, Apri. #, etc.	9 US 19 100 BOX 615 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
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City & State	ON FI	City & State ARIPEKA		4. FEI Number 103-0525497	Applied For Not Applicable
Zip 34667	Country	^{Zip} 34679	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent					
n I	O NOT W	mullion of Albertaness and	Name ANDREW_TO	cco	
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became the state of the state o			City (Zip Code
<u> 1535 15 (20 f. 36 ku) t</u>	· · · · · · · · · · · · · · · · · · ·	rangan a tie dan tang	City Hoo		34667
State of Florida.	entity submits this st am,familiar with, and	atement for the purpor accept the obligations	se of changing its regi of registered agent.	stered office or registered agent, or	both, in the
SIGNATURE Signature	re typed or printed name of	registered agent and title if	englicable (NOTE: Pagis	tered Agent signature required when reinstating	g) DATE
January 1	- May 1 Fee is \$150.		applicable, (NOTE, Negls		g) OATE
After May 1, Fee is \$550.00 Amended UBR is \$61:25				S. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable	to Florida Departm	ent of State		Trast and contribution.	
10.	<u>OFFICERS AI</u> IPRESIDENT	ND DIRECTORS	11.		
NAME	ANDREW TOCCO		TITLE 的 Park A MAME) ^)
STREET ADDRESS CITY-ST-ZIP	PO BOX 615 ARIPEKA, FL 34679	a	STREET ADDRES	s 30014552712 03/11/0901017020 *	*150.00
TITLE	VICE PRESIDENT	<u> </u>	TITLE		
NAME STREET ADDRESS	PENNY TOCCO PO BOX 615		NAME STREET ADDRES	on the first of the second	•
CITY-ST-ZIP	ARIPEKA, FL 34679	9	z #sCITY-ST-ZIP: og 5- s	<u> </u>	
TITLE NAME			NAME		
STREET ADDRESS			STREET ADDRES	s DO NOT W	DITE
CITY-ST-ZIP TITLE			- CITY-ST-ZIP		
NAME	Ì		NAME	MAN IN THIS SP	PACE
STREET ADDRESS			STREET ADDRES		
CITY-ST-ZIP TITLE	<u> </u>		CITY-ST-ZIP	No a Characher Land	
NAME			NAME	A THE STATE OF THE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	S	•
TITLE			PARTITLE		
NAME CTREET ADDRESS			NAME	6 .	•
STREET ADDRESS CITY-ST-ZIP			⊕ STREET ADDRES	The state of the s	
			ualify for the exemption	stated in Section 119.07(3)(i), Florida St	
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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: (Suranu) (1000) 2-10-091377410368					
SIGNATURE:	MORRIE!	1/2000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					