200 9 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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1. Entity Name				ł l	09 MAK II III '	
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			$\neg \land$		IALLAMASSEL	
אַטעיייי	OKWRITE	IN THIS S	FA	CE .		
2. Principal Place of Business		3. Mailing Address SAME				
13216 US Highway 19 Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
Hudson, FL Country		Zip Country		90-0282569	Not Applicable \$8.75 Additiona	
34667	Country		~	Juliuy	5. Certificate of Status Desired	Fee Required
	II. What is to be a single to the same of			7. Nam	ne and Address of Current Regis	
				Name		
DO NOT WRITE			Frank T. Sanna			
			Street Address (P.O. Box Number is Not Acceptable) 1449 North Jasmine Avenue			
	NITHIS SP	ACE		111011011100		
				City Tarpon Spring	. FL	Zip Code 34689
8. The above named	entity submits this st	atement for the purpos			stered office or registered agent, o	
		accept the obligations				
SIGNATURE TAL	Am FR	Adle Ti Sauce				3-5-69'
	ire, typed or printed name of	f registered agent and title if a	pplicable	. (NOTE: Regist	ered Agent signature required when reinstati	ng) DATE
	May 1 Fee is \$150.					
After May 1 Fee is \$550:00					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payabi		ent of State			Trust Fulia Continuation.	_ Added to rees
10.		ND DIRECTORS	11.	1		
TITLE	P	·	TI	TLESO OF ST		
NAME STREET ADDRESS	FRANK T SANNA 1449 N. JASMINE A	VE	CORE - NO	REET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS		Ci	TY-ST-ZIP		
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR