941-495-3399

Dayt me Phone #

01-07-02

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P29861  1. Entity Name							Jan 21, 2002 8:00 am Secretary of State			
Principal Plac		s	Mailing Address							
20001 OLD RD RD. #3 BONITA SPRINGS FL 34135 US			P O BOX 2372 BONITA SPRINGS FL 33959-9372				I (BOHOD) (10 NUMB YOKU (SIYO BIYO) IYU)	HIĐNI BURUN BURUN BURUN I	11 <b>0</b> 11 <b>010</b> 11 1001	
2. Principal F			3. Mailing Address			_				
26801 010 412040 Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4.	FEI Number <b>35-0725050</b>	<del></del>	oplied For ot Applicable	
Zip	C Nome	Country	Zip	Coun	try		Certificate of Status Desired	\$8.75 Add		
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current Re	sgistered Agent		Name		Name and Address of New Registe	red Agent		1_
	SEL, DONAI NITA BEACH		Street Addr			ress (P.O.	s (P.O. Box Number is Not Acceptable)			
#210										
BONITA SPRINGS FL 33923					City , FL Zip				e	1
8. The above	DONA	y submits this statement for t Lo R. Bubund or printed name of registered agent and	IGEL_	de	ed office or re	RB		01-07-	02	
Tax filing		ible to satisfy its Intangible and elects to do so.	FILE NOW After May 1, 20 Make Check Payal	will be \$550	.00	10. Election Campaign Financing \$5.00 Trust Fund Contribution.   Added to				
11.		OFFICERS AND DI	RECTORS	12.		Ai	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4835 BON	EL, DONALD R. IITA BCH RD #210 PRINGS FL	☐ Delete		- 1			☐ Change	☐ Addition	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4835 BON	EL, JOANNE M. ITA BCH RD #210 PRINGS FL	☐ Delete					☐ Change	Addition	85
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATH, D 325 MAIN NO. WEBS	ST	☐ Delete	1	•			☐] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEATH, S 325 MAIN NO. WEBS	ST'	☐ Delete	J	J			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1				[] Change	☐ Addition	
indicated of the cor	l on this repor	t or supplemental report is tr	ue and accurate and that r ered to execute this report	ny signat as requir	ure shall have	the same	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; th rida Statutes; and that my name appe	at I am an officer	or director	