## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		00006328			Secret	ary of St 2 90005 008 ***15	ate
Principal Place of Business  935 107TH STREET GULF  MARATHON FL 33050		Mailing Address 935 107TH STREET GULF MARATHON FL 33050					
		the state of the s					
2. Principal Place of Business		3. Mailing Address			19811001 118 18410 11811 BOLL O	ENIK KONIK OKUN OBUM ONIBO KINI	ilinet init inni
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4	65-037165		oplied For
Zip -	Country -	Zip	Country	5	. Certificate of Status Desired	□ - <b>\$8.75</b> Ad Fee Require	ditional
	6. Name and Address of Currer	nt Registered Agent		7	. Name and Address of New		···
P45 15 16 <sup>2</sup> 57 1			Name	9			
FINNEY, KEVIN 985 107 ST GULF MARATHON FL 33050			Stree	Street Address (P.O. Box Number is Not Acceptable)			
MANATIN	5N FL 33000		City	FL Zip Code			
8. The above	named entity submits this statement	for the purpose of changing its re	<u>!</u> egistered office	or registered	agent, or both, in the State of F	lorida.	:
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: 4	Registered Agent sig	inature required whe	en reinstating)	DATE	
Tax filing requirement and elects to do so.  After May 1, 2		After May 1, 2002	Fee will be	\$550.00	10. Election Campaign Fi Trust Fund Contributi	·	00 May Be d to Fees
11.	OFFICERS AN	D DIRECTORS	12.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, DAWN R. 935107 ST. GULF MARATHON FL 33050	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, KEVIN 935 107TH STREET GULF MARATHON FL 33050	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	es		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-SI-ZIP	s		☐ Change	☐ Addition
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	is true and accurate and that my powered to execute this report as	r signature sha	II have the san	ne legal effect as if made under	oath; that I am an office	or director

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR