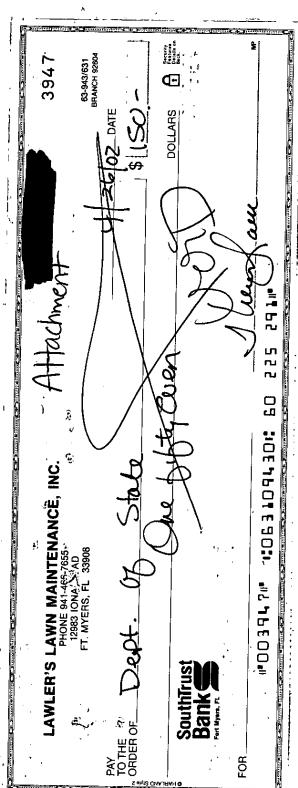
2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 11, 2002 8:00 am Secretary of State

1. Entity Nam		0012042 c.	06-11-2002 90398 018 ***150.00	
Principal Plac 12983 IONA F FORT MYERS	ROAD	Mailing Address 12983 IONA ROAD FORT MYERS FL 33908		
2. Principal P	lace of Business	3. Mailing Address		L LATERIORAL LID IDSAL LIVIS SPITL ORBIT COURT CONDITION LIGHT DOSIT ESTAR 3777 (190)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0392662 Applied For Not Applicable
Zip	Country	Zip .	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent
LAWLER, EDWARD R 12983 IONA ROAD FORT MYERS FL 33908			Street Address	ss (P.O. Box Number is Not Acceptable)
	FIG. 1 2 00000		City	FL Zip Code
Tax filing (Signeture, typed or provided before of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 200	Registered Agent signature requirements FEE IS \$150.00 Fee will be \$550.00 to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY: ST-ZIP	VS LAWLER, EDWARD R 12983 IONA ROAD FORT MYERS FL 33908	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAWLER, TERRY 12983 IONA ROAD FORT MYERS FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The same of the sa	Delete-	NAMESTREET ADDRESS	Change T Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY- ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my ered to execute this report a	/ signature shall have th	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Attachment 10#193000002040 13012533



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