## 2002 Uniform Business Report (UBR)

1. Entity Nam		0078948		Secretary 03-20-2002 90012	of State	e
Principal Place of Business 116 PINELLAS BAYWAY TIERRA VERDE FL 33715 US		Mailing Address 116 PINELLAS BAYWAY TIERRA VERDE FL 33715 US				
2. Principal Place of Business		3. Mailing Address		300(100)   10 10100   1(11 0011)   0011	)(() 1868) 16118 (SIST B1981	(8:1   1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE  4. FEI Number — Applied For		
City & State		City & State		4. FEI Number 59-3214317	Not A	pplicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additio Fee Required	ınal
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name						
SALAMONE, RONALD 116 PINELLAS BAYWAY			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	ERDE FL 33715					
÷			City		Zip Code	
8. The above SIGNATURE	named entity submits this statement for	Reval		red when reinstating)	N/A 3-7-02	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. iria on back)	After May 1, 2002 Make Check Payable	FEE IS \$150.00 Fee will be \$550.00 to Department of S	tate	\$5.00 Added to	Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PTD SALAMONE, ELIZABETH 116 PINELLAS BAYWAY TIERRA VERDE FL	DIRECTORS  Delete	12.  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS		N 11 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SALAMONE, RONALD J 116 PINELLAS BAYWAY TIERRA VERDE FL	☐ Delete	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	Section 11 Bullion 4	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change [	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Committee Commit	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change [	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	**************************************	☐ Change [	Addition
indicated of the cor	on this report or supplemental report is	s true and accurate and that my owered to execute this report as	signature shall have th	Section 119.07(3)(i), Florida Statutes. I further e same legal effect as if made under oath; th 07, Florida Statutes; and that my name appea	at Lam an officer or i	director