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LITCHFIELD AND NELSON, INC.		• • •		R	Aug 28, 2000 8:00 am Secretary of State				
Principal Place of Business Mailing Address				77777			0032 046 ***		
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14001	Tace of Business TUF Shore Blvd - N.	3. Mailing Address 1400 Tunf Shore Blod. W.							l
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE		
City & State		City & State			4. FEI Number 65-0455483 Applied For				
Zip Country		Zig Country						Not Applical Additional	ole
34108	USA USA	34102	USA			of Status Desired	Fee Rec		
	6. Name and Address of Current R	egistered Agent	Nar	no .	7. Name and	Address of New Reg	gistered Agent		\exists
NELSON, DENNIS						rennis_			
1400 GULF SHORE BLVD N				et Address (P.	O. Box Number	is Not Acceptable	Blvd. N	_	
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u. The above	Trained styling submits this statement for	ris purpose of changing its reg	gisterea ont	se or registere	a agent, or both	i, in the state of Fioni	Ja.		
SIGNATURE .	Signal aspect or printed name of registered agent and	d title Happlicable. (NOTE: Ro	egistered Agent s	signature required w	hen reinstating)	<u> </u>	3100 DATE		
Tax filing requirement and elects to do so. After SEPTEM			IOW!!! FEE IS \$550.00 IER 13, 2000 Min. will be \$75 Payable to Department of Sta		Trus	tion Campaign Finar It Fund Contribution.	~	5.00 May Bedded to Fees	<u>.</u>
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/C	CHANGES TO OFFIC	ERS AND DIRECT	TORS IN 11	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VEISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									



Private Financial Services

August 23, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is a check for \$150.00 for the 2000 Uniform Business Report (UBR). Also enclosed is a check receipt for the previous check written for \$150.00 for the original UBR sent to our firm in December. Your department never cashed the first check sent out; therefore you sent us a second notice.

Now that the confusion has subsided, please accept this check for \$150.00 as our original payment. If you have any questions or concerns, please feel free to contact me at any time.

Thank you for your cooperation.

Sincerely,

amie Litchfield

Office Manager