2002 UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nan | MENT # PS | 34000 | 019829 | | | | Secreta 02-21-2002 | 2002 8 ary of 1 90143 007 ** | Sta | ate | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------|-----------------------------------------|--|
| Principal Plac | ce of Business | | Mailing Address | | | | | | | | |
| 905 N COURTENAY PKWY 905 N COURTENAY PKW | | | | | | | | | | | |
| MERRITT ISL | AND FL 32953 | | MERRITT ISLAND FL 3295 | 5 3 | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | | City & State | | | 4. | FEI Number 59-323923 9 | | | oplied For ot Applicable | |
| Zip Country | | | Zip | ntry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| | 6. Name and Address o | istered Agent | Name | | | 7. Name and Address of New Registered Agent | | | | | |
| HARTING | G, JAMES J | | | | Name | | | | | | |
| 905 N COURTENAY PKWY | | | Street | | | ddress (P.O. | ess (P.O. Box Number is Not Acceptable) | | | | |
| MERRITT ISLAND FL 32953 | | | | City | FL Zip Code | | | | | | |
| Tax filing requirement and elects to do so After Ma | | | | (NOTE: Registered Agent signature required LE NOW!!! FEE IS \$150.00 May 1, 2002 Fee will be \$550.00 ack Payable to Department of State | | | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 11. | • | ERS AND DIF | ECTORS | 12. | | | ADDITIONS/CHANGES TO OFF | | | 3 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS HARTUNG, JAMES J 85 S ATLANTIC AVE #4 COCOA BEACH FL 3293 | | ☐ Delete | 1 | | PSD JAME 1493 = Menn | S, J. HARTUNG STAFFORD AVE | \ ⊠ (1 | | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | KAREI | N HARTUNG STAFFORD AVE TT ISLAND, FO | | nange | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | Cr | iange | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | , 🗀 Delete | | | | | □ Cr | ange | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | □ Cr | ange | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | _ | ☐ Delete | | | | • | Ch | ange | Addition | |
| indicated of the cor | Certify that the information sup on this report or supplementa poration or the receiver or true or on an attachment with an a | al report is true steę empowe | e and accurate and that ment to execute this report : | ny signa as requi | mption sta ture shall h red by Cha | ted in Section ave the same apter 607, Flo | n 119.07(3)(i), Florida Statutes. e legal effect as if made under o orida Statutes; and that my nam | further certify that path; that I am an de appears in Block | t the in officer (| formation or director Block 12 if | |

SIGNATURE: