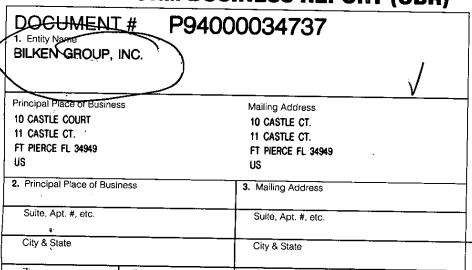
2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000034737

FILED Aug 04, 2002 8:00 am § Secretary of State 08-04-2002 90158 048 ***550.00



Principal Place of 10 CASTLE COUI 11 CASTLE CT. FT PIERCE FL 34 US 2. Principal Place of Suite, Apt. #, 6 City & State	4949 ce of Business	Mailing Address 10 CASTLE CT. 11 CASTLE CT. FT PIERCE FL 34949 US 3. Mailing Address Suite, Apt. #, etc.					
11 CASTLE CT. FT PIERCE FL 34 US 2. Principal Place Suite, Apt. #, 6 City & State Zip	4949 ce of Business	11 CASTLE CT. FT PIERCE FL 34949 US 3. Mailing Address					
FT PIERCE FL 34 US 2. Principal Place Suite, Apt. #, 6 City & State Zip	ee of Business	FT PIERCE FL 34949 US 3. Mailing Address					
US 2. Principal Place Suite, Apt. #, & City & State Zip	ce of Business	FT PIERCE FL 34949 US 3. Mailing Address					
2. Principal Place Suite, Apt. #, 6 City & State Zip		US 3. Mailing Address	<u></u>				
Suite, Apt. #, e City & State Zip			 -				
City & State	etc.	Suite. Apt. # etc.					/44 (())) (44) (44)
City & State	etc.	Suite, Apt. #_etc		_			
Zip 🖟		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE	
		City & State	<u> </u>	- 4.	. FEi Number 65-0102201		Applied Cox
	Country				65-0183381	-	Applied For Not Applicable
	Country	Zip	Country	5.	. Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current Ro	egistered Agent	<u>L</u>	7.	Name and Address of New Registered	Fee Requi	red
TIERNAN, WI	III IAM P		Name			-gont	
10 CASTLE C			Street	Address (P.O.	Box Number is Not Acceptable)		·
FORT PIERCE			ļ				
			-				
			City		FL	Zip Co	
the obligations	med entity submits this statement for the of the control of the co	ne purpose of changing its	registered office of	or registered a	gent, or both, in the State of Florida. I am	familiar with	n, and accept
SIGNATURE							
	sature, typed or printed name of registered agent and	title if applicable. (NOTE	Registered Agent signa	required when	reinstating) DATE		
9. This corporation	on is eligible to satisfy its Intangible	FILE NOW!!	!! FEE IS \$550	.00			····
Tax filing requirement and elects to do so. (See criteria on back)		After September 13,	, 2002 Fee will t	be \$750.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.	00 May Be
11.		Make Check Payab	le to Departmen	it of State	Hust Fund Continuition.	I Adde	ed to Fees
TITLE DP	OFFICERS AND DII		12.	A[DDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 11
	ERNAN, WILLIAM B	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS 10	CASTLE CT.		NAME	İ			
	PIERCE FL		STREET ADDRESS				
TITLE DVF		Delete	CITY-ST-ZIP	 			
	RNAN, JANET	L_1 Delete	TITLE NAME			☐ Change	Addition
	CASTLE CT.		STREET ADDRESS				
	PIERCE FL		CITY-ST-ZIP				
TITLE	<u> </u>	☐ Delete	TITLE			☐ Change	☐ Addition
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1			STREET ADDRESS				
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP ITLE IAME		☐ Delete	-			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE		j	Change	☐ Addition

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 CNATURE:

SIGNATURE: _

Daytime Phone #