2002 Uniform Business Report (UBR)

Secretary of State 1. Filt above famous of Business Suits Apt. 4. etc. City & State 1. Country 2. Principal Place of Business MARGATE R. 30083 MARGAT	2002 Uniform Business Report (UBR)					FILED Mar 27, 2002 8:00 am			
### Process of Business Mailing Address Mailing Address Mailing Address Marcate Pt. 3008 Marcate P						Secretary of State			
Second Price Seco	JODON E	EVERAGE CORPORATION				03-27-2002 90075	J02 ****150.0	IU	
2. Principal Place of Business Suito, Apil. #, etc. Suito, Apil. #, etc. Suito, Apil. #, etc. Suito, Apil. #, etc. DO NOT WRITE IN THIS SPACE A. FEI Number 65-049 1036 And Applied For Not Address of Not Applied For Not Applied For Not Address of Not Applied For Not Address of Not Applied For Not Address of Not Applied For Not Address (P.O. Box Number Is Not Acceptable) HUME, JOHN ESO. HUME & JUNISON, P.A. HUME & JUNISON, P.A. HUME ADDRESON, P.A. HUME Submits this statement for the purpose of chenging to registered agent, or both, in the State of Riorda. SIGNATURE SIGNATURE Signature or principle of patient and trial in applied for Not Appropriate received agent, or both, in the State of Riorda. SIGNATURE Signature of P.A. Signature of P.A. ADDRESON FOR State Of Riorda. ADDRESON FOR State Of Riorda. Signature of Riorda. ADDRESON FOR State Of Riorda. Signature of Riorda. ADDRESON FOR State Of R	4900 NW 15TH ST BAY 4496 MARGATE FL 33063		1900 NW 15 ST BAY 4496 MARGATE FL 33063						
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Security	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
S. Name and Address of Current Registered Agent HUME, JOHN ESO. HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., SUITE 301 CORAL SPRINGS FL 33071 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City FL Zip Code City City City City City City City Cit	City & State		City & State		4. F	65-0491036	├ ─ ├ ─		
HUME, JOHN SQ. HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., SUITE 301 CORAL SPRINGS FL 33071 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intanghible Tax filting requirement and elects to do so. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/DHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/DHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE MAKE STREET ADDRESS OFFI-ST-2P ANARCATE FL Deales MARCATE FL Deales MARCATE FL Deales MARCATE FL Deales TILE MARCATE FL Deales	Zip	Country	Zip	Country	5 . C	Certificate of Status Desired			
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HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., SUITE 301 CRAL SPRINGS FL 33071 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida SIGNATURE Signature, hipse or private rame of registered agent and tose if supplication. 9. This corporation is eligible to satisfy its intrangible Tax filting requirement and elects to do so. (Asee criteria on back) 10. Election Campaign Financing Trust Fund Contribution. SIGNATURE 9. This corporation is eligible to satisfy its intrangible Tax filting requirement and elects to do so. (Asee criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CRY-ST-2P MARGATE FL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS CRY-ST-2P MARGATE FL 13. OFFICERS AND DIRECTORS 14. Election Campaign Financing Trust Fund Contribution. \$540.00 May Be Added to Fees Added to Fees Added to Fees SIRET ADDRESS CRY-ST-2P TITLE NAME SIRET ADDRESS CRY-ST-2P TO Charge Addition NAME SIRET ADDRESS CRY-ST-2P TO Charge Addition SIRET ADDRESS CRY-ST-2P TO Charge ST-2P TO Charge ST-2P TO Charge ST-2P	LINE IOHN ESO				_				
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13. PRECENT COUNT UNGLINE INCOMISSION SUDDIES WITHING STORE OF DESIRED FOR THE EXEMPTION STATES FOR THE PROPERTY OF THE PROPER			this filing does not qualify for t		d in Section 1	19.07(3)(i), Florida Statutes, Lifurther	certify that the in	formation	

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 his 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:**