## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000045436

rincipal Place of Business		Mailing Address						
34 N MEADOWCF YSTAL RIVER FL		1584 N MEADOW CREST BLVD CRYSTAL RIVER FL 34429-5757 US						
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

## **FILED** Mar 02, 2000 8:00 am Secretary of State 03-02-2000 90103 043 \*\*\*150.00



							IBILI BIBII BBIII BBIII		BBI BILLI BIBU		
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
		City & State	City & State		4. 1	4. FEI Number 59-3253617				Applied For	
	Zip Country Zip		Zip Country				J9 02300 II			Not Applicable	
Zip					5. (	5. Certificate of Status Desired				8.75 Additional ee Required	
. 6.	Name and Address of Current I	Registered Agent			7. I	Name and A	dress of New R	egistered	Agent		
	·				Name						
1584 N M	v, reginald a Ieadow Crest Blvd . River Fl 34429	-		Street Address (P.O. Box Number is Not Acceptable)							
			City			FL Zip Code					
The above name	ed entity submits this statement for	the purpose of changing if	e ranistari	ed office or rec	ristered an	ent or both	in the State of Ek	rida			
THE above harm	ed entity submits this statement for	the purpose of changing in	.s registeri	ed omee or reg	naicrou ug	one, or boar,	in the Glate of the	, ida.			
GNATURE	ure, typed or printed name of registered agent a	nd title if applicable (NC	TF: Registere	d Agent signature re	quired when re	einstating)		DATE	<del></del>		
						1				_	
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of S			1	on Campaign Fir Fund Contributio	~ .		.00 May Be led to Fees		
	OFFICERS AND I	DIRECTORS	12.		AC	DITIONS/CH	IANGES TO OFF	ICERS AN	D DIRECTO	DRS IN 11	
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	urlow, reginald a		NAM								
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TY-ST-ZIP			CITY	'-ST-ZIP							
<ol> <li>I hereby certify indicated on the of the corporate changed, or or</li> </ol>	r that the information supplied with his report or supplemental report is tion or the receivenor trustee empo n an attachment with an addresmy	this filing does not qualify function true and accurate and that swered to execute this report half other like employers.	or the exe I my signa rt as requi	emption stated ture shall have ired by Chapte	in Section the same r 607, Flori	119.07(3)(i), legal effect a da Statutes:	Florida Statutes. s if made under and that my nam	I further ce oath; that I e appears	ertify that th am an offici in Block 1	e information er or director or Block 12 if	