## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90082 038 \*\*\*150 00

1. Entity Nam	MENT # F941 SPRAY NS	00004585 HINE INC		03-13-2002 \$	
	DO NOT WRI	TE IN THIS S	PACE		
	Herricks Loo.  , etc.	Suite, Apt. #, etc.	illips Blud 3 360	DO NOT WRITE IN TH	HIS SPACE
City & Stat	1	City & State ORLANDO	FL	4. FEI Number 59 - 325 2246	Applied For Not Applicable
3283		3 <sup>Zip</sup> 3 <sup>2</sup> 819	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
0 - 0	9   45	102	Name.	7." Name and Address of Current Registr	ered Agent
	DO NOT	WRITE	ماحا السلاما	(P.O. Box Number is Not Acceptable)	
	IN THIS			(P.O. Box Number is Not Acceptable)	d
			#50	PMB 360	Zip Code
			cityo Ri		FL 39%19
8. The above	e named entity submits this statem	nent for the purpose of changing	its registered office or registe	ered agent, or both, in the State of Florida.	•
0.00.47.105					
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if applicable. (N	OIL: Registered Agent signature require	ed when reinstating) DA	ilL
9. This corpo	Signature, typed or printed name of registere oration is eligible to satisfy its Inta requirement and elects to do so, ria on back)	ngible American	Oil: Registered Agent signature require  ###################################	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

MORIN Blais GloRIA BLAIS P

4-28-02 467-341-2052

Daytime Phone if