

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90325 041 \*\*\*150.00

|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| <b>DOCUMENT # P94000048422</b><br>1. Entity Name<br><b>MERRITT PROMOTION DEVELOPMENT GROUP, INC.</b>  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>424 PARK LANE DR<br/>         VENICE FL 34285</b>   |                  | Mailing Address<br><b>P.O. BOX 157<br/>         VENICE FL 34284-0157<br/>         US</b>   |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                  | 3. Mailing Address<br>Suite, Apt. #, etc.  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State  |                  | City & State   |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip   | Country          | Zip  | Country |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 4. FEI Number <b>06-1168593</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>YARABEK, JOHN A<br/>         424 PARK LANE DR<br/>         VENICE FL 34285</b>  |                  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 8. 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>  |                  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b>                      |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>11. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>YARABEK, JOHN A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>424 PARK LANE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE FL 34285</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> <div style="width: 48%;"> <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td><td></td></tr> </table> </div> </div> |                  |  |         | TITLE | D | <input type="checkbox"/> Delete | NAME | YARABEK, JOHN A |  | STREET ADDRESS | 424 PARK LANE DR |  | CITY-ST-ZIP | VENICE FL 34285 |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | D                | <input type="checkbox"/> Delete  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | YARABEK, JOHN A  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 424 PARK LANE DR |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | VENICE FL 34285  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Delete  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Delete  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Delete  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Delete  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Delete  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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 changed, or on an attachment with an address, with all other like empowered.   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                  |  |         |       |   |                                 |      |                 |  |                |                  |  |             |                 |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |  |  |  |       |  |                                 |      |  |  |                |  |  |             |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |  |  |  |       |  |   |      |  |  |                |  |  |             |  |  |



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