## FILED May 24, 2002 8:00 am Secretary of State 05-24-2002 91295 028 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049843  1. Entity Name P&F INTERNATIONAL, INC.								
Principal Place of Business 601 E ELKLAM CIRCLE A1A MARCO ISLAND FL 34145 US			Mailing Address 80X 1488 MARCO ISLAND FL 34146 US					
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.		11 <b>-</b> 11	Suite, Apt. #, etc.					
City & State		<u> </u>	City & State					
Zip	Cou	ntry	Zip	Coul	ntry			
6	Name and A	ddress.of:Current	Registered Agent					
CHARDE, JOH 601 E ELKCAI STE A-1-A	M CIR				Name Street Address (			

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US											
2. Principal Pla	Principal Place of Business 3. Mailing Address		3. Mailing Address	55			I (BBS188) III (BIS1 BIBIT BEILL GOSIT 48	1(1 <b>44</b> )11 <b>616</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. [	4. FEI Number 65-0512177			oplied For ot Applicable	7		
Zip	Country Zip Coun			Count	try	5 Certificate of Status Desired \$8.75 Additional					1
							de en en distribuir en est New Dest		e Require	0	-
	6. Name	and Address of Current R	egistered Agent		Name	- / - · ·	Name and Address of New Region	stered Aç	ent		₹
OLIABBE I	OLINI ODA				Street Address (P.O. Box Number is Not Acceptable)						
CHARDE, J		•									1
601 E ELKO	CAM CIR						· <del></del>				1
STE A-1-A											l
MARCO ISLAND FL 34145				City FL Zip Co					е	]	
8. The above r	named entit	v submits this statement for t	he purpose of changing its	reaistere	ed office or rec	ristered ag	ent, or both, in the State of Florida	1.			1
	Total Britis	y addition in o dialonion.				,					1
LOSONATURE											l
SIGNATURE _	Signature, typed	or printed name of registered agent and	d title if applicable. (NOT	E: Registered	d Agent signature re	equired when re	einstating)	DATE			ĺ
			EILE NOW!	,,, ccc	IC \$150.00						1
		jible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00		กก	10. Election Campaign Finance			<b>0</b> May Be		
T filling requirement and elects to do so. (See criteria on back)		Make Check Payable to Department of St			Trust Fund Contribution.		Added	to Fees			
11.		OFFICERS AND D		12.	•		I DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR:	S IN 11	1
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	ertify that the	e information supplied with the	nis filing does not qualify to			in Section	119 07(3)(i) Florida Statutes I fun	her certif	v that the in	nformation	1
indicated of	on this reno	rt or supplemental report is tr	tue and accurate and that r	mv signat	ure shall have	thersame	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath	that I an	an officer	or director	1

indicated on this report or supplemental report is true and accurate and that my signature shall have massime legal effect as it made under oath; that it am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6th 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:

SIGNATURE REQUIRED