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Zip Country Zip Country Zip Country S. Cartificate of Status Desired S. S. Cartificate of Status Desired S. S. TS Additional File Required Agent T. Name and Address of New Registered Agent Name MORGART, JAMES W SR. 8539 TROUT AVE PALM BAY FL 32909 8. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Forida. SIGNATURE Supervive agent of the purpose of changing its registered agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both, in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supervive agent or both in the State of Forida. SIGNATURE Supe	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE		
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8539 TROUT AVE PALM BAY FL 32909 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porda. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax illing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 WILE PO MORGART, JAMES W SR. SIBERT ADDRESS OITY-ST-2P VINTE MAKE STRET ADDRESS OITY-ST-2P OITHER MAKE STRET ADDRESS OITY-ST-2P OITHER MAKE STRET ADDRESS OITY-ST-2P OITHER OITHER MAKE STRET ADDRESS OITY-ST-2P OITHER				Name				1	
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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. SIGNATURE Signature, types or printed name of registered agent and tole if applicables P. This corporation is eligible to satisfy its impangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MORGART, JAMES W SR. STREET ADDRESS CITY-ST-2P TITLE MORGART, BRENDA C 8339 TROUT AVE PALM BAY FL 32909 TITLE MORGART, BRENDA C 8339 TROUT AVE PALM BAY FL 32909 TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P Delete TITLE MAKE STREET ADDRESS CITY-ST-2P Delete TITLE MAKE STREET ADDRESS CITY-ST-2P Delete STREET ADDRESS CITY-ST-2P Delete MAKE STREET ADDRESS CITY-ST-2P Change Addition MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS STREET ADDRESS CITY-ST-2P Change Addition MAKE STREET ADDRESS STR	PALI	W DAT FL 32303		City			Zin Cod		
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Atter MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Internation Continuition Con	SIGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signatur	e required when re				
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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	NAME STREET ADDRESS CITY-ST-ZIP	ortifit, those the information		NAME STREET ADDRESS CITY-ST-ZIP	dio Castian	110 07/3V() Florida Statuta I fuel			

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 fedever 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

DOCÜMENT # P95000010415