2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0017968	/k		Secretary 07-18-2001 90260	of Stat	e				
Principal Place 4610 ENTERPH NAPELS FL 34 US		Mailing Address 4610 ENTERPRISE AVE NAPELS FL 34104 US									
2. Principal F	Pace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	e :	City & State			65-0562253	<u> </u>	oplied For ot Applicable				
• Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Required					
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Regist	tered Agent					
KOGOK, WILLIAM A				Name Street Address (P.O. Box Number is Not Acceptable)							
601 99TH											
NAPLES F	L 34108	•	City		FL Zip Code						
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or re	egistered a	agent, or both, in the State of Florida.	I,	:				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature	required when	n reinstating)	DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEI After September 12, 2001 Make Check Payable to I				\$750.00	Election Campaign Financin Trust Fund Contribution.		May Be				
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICER						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, DEREK 4610 ENTERPRISE AVE NAPELS FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOL 6887 NAPU	O, DEREK RED BAY PARK RD ES, FL 34109	⊠ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOGOK, WILLIAM A 4610 ENTERPRISE AVE NAPELS FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	601	K WILLIAM A. GGTH AUE N. LES, FL 34108	Change	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP	ال المجهورية بمنادة	☐ Delete	TITLE - S NAME STREET ADDRESS CITY-ST-ZIP	6019	OK, JEANL, 1944 AVEN. LES, FL 34108	- Change	Addition -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS: CITY-ST-ZIP	T AR 689 NA	NOLO JOAN E. BT RED BAYPARK RD PLES, FL 34109	☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition				
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address, v	true and accurate and that my owered to execute this report as	signature shall hav	ve the sam	e legal effect as if made under oath;	that I am an officer	or director				

SIGNATURE

STANDIURE REQUIEMD

941-253-2537

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # P95000017968						$-J_2$		ΛL	111	NI	117		
1. Entity Name							44						
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Principal Place	of Business	******	Mailing Address					ſ	ו בו	Ĺ	·UL	Y	
4610 ENTERPRISE AVE 46			4610 ENTERPRISE AVE						.		•		
NAPELS FL 34104 US			NAPELS FL 34104 US						•				
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2. Principal Pla	ce of Business	1 3	. Mailing Address		·								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT	WRIȚE I	N THIS SF	ACE		
City & State			City & State			4. FE	l Number	65-05	62253		<u> </u>	plied For	
Zip	Country		Zip Coun		ntry		5. Certificate of Status Desired				<u>\$8</u>	8.75 Add	
···			<u> </u>		,							ee Require	j
····>- /3	6. Name and Address	s of Current Reg	Istered Agent	ـ ــ ـــ ــــ	Name		7. Na	ime and Ad	ddress of N	ew Reg	stered A	jent	
KOG	OK, WILLIAM A		• •										
	99TH AVE N			Street Ad	ddress (F	P.O. Box	k Number is	s Not Accep	iable)				
	ES FL 34108	•		•			····						
					City						 ,	Zip Code	
				·	City						FL	210 0001	·
8. The above n	amed entity submits this	statement for the	purpose of changing its	s register	ed office or	register	ed ager	nt, or both,	in the State	of Florid	a.		¥
			•										•
SIGNATUREs	ignature, typed or printed name of	registered agent and to	tle if applicable. (NO	TE: Registere	d Agent signatu	are required	when rein	stating)	<u>.</u>		DATE		
0 This corner	ation is atiaible to setisfu	ite Integribie	FILE NOW	III FEF	15 \$550 (າດ							
	ation is eligible to satisfy quirement and elects to d		After SEPTEMBER						ion Campaig	•	cing		May Be to Fees
(See criteria	on back)		Make Check Paya	ble to D	epartment	t of Stat	te	irusi	runo Comm	ioonori.		Added	io rees
11.		FICERS AND DIR	ECTORS	12.		. <i>D</i> –	ADC	ITIONS/CI	HANGES TO	OFFICE	ERS AND	DIRECTOR	S IN 11
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CITY-ST-ZIP			·		-ST-ZIP	<u></u>				1			
13. I hereby co indicated o of the corp	ortify that the information on this report or supplemoration or the receiver or	supplied with this ental report is tru	s filling does not qualify for and accurate and that	or the exe my signa	mption stat ture shall h	ted in Se ave the s	ction 1 same le	19.07(3)(i), gal effect a	Florida Stati s il made ur	illes. fu nder oatl	rther certi h; that I an	y that the in an officer	nformation or director
changed, c	oration or the receiver or or on an attachment with	an address, with	all other like empowered	i as regui J.	red by Cha	pter 607	, Florida	Statutes: a	and that my	name a	ppears in	Block 11 or	Block 12 if