## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000019027

FILED Jan 19, 2001 8:00 am

1. Entity Nam	пе	# 1 00000		Secretary of State 01-19-2001 90035 006 ***150.00									
Principal Place 2153 STATE RONEW SMYRNA	OAD 44		Mailing Address 1117 WOODSMERE PKWY ROCKLEDGE FL 32955 US			_		A 0	0069	95			
2. Principal F	Place of Busin	ness .	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	1 19811881 118	DO NOT WR				IL 1881 F881	
City & Stat	te		City & State			4	. FEI Number	59-316175	 55			plied For t Applicable	]
Zip Country			Zip	Zip Country			. Certificate of	Status Desired		\$8.75 Fee Re	5 Add	itional	1
	6. Name	and Address of Current	Registered Agent			7.	Name and A	dress of New	Registere				_
			•		Name		•						1.
SHA 3580				dress (P.O	. Box Number i	s Not Acceptab	le)				1		
1110	isville fl	02100			City				F	Zip	Code	)	-
8. The above	named entit	v submits this statement for	or the purpose of changing its	register	ed office or r	egistered a	agent, or both.	in the State of F	<u>_</u>				1
	•	,				- 5	9-14						
SIGNATURE	Signature, typeo	d or printed name of registered agent	and title it applicable. (NOTE	: Registere	ed Agent signature	e required when	reinstating)		DATE		_		
9. This corpo	oration is elig	ible to satisfy its Intangible	FILE NOW!	!! FEE	IS \$150.00	0	10 Clasti	on Compaign E	innanina		ee 04		7
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 200 Make Check Payab				on Campaign F Fund Contributi	_			May Be to Fees		
11.	7	OFFICERS AND	DIRECTORS	RECTORS 12.			ADDITIONS/CH	ANGES TO OF	FICERS AN	ND DIREC	CTORS	IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	AJESH ENEY HIGHWAY LE FL 32796	Delete	1	1					☐ Ch	ange	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1						☐ Ch	ange	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. :		☐ Delete		- (					□ Ch	ange	Addition	- :
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					□ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		J					□ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					□ Ch	ange	☐ Addition	
13. I hereby of indicated of the cor	certify that the on this reportion or the	e information supplied with the receiver or frustee emperation of the supplemental report is the receiver or frustee emperations.	n this filing does not qualify for s true and accurate and that m owered to execute this report a with all other like empowered	the exe ly signa as requi	mption stated ture shall havined by Chap	d in Section ve the sam ter 607, Flo	n 119.07(3)(i), l e legal effect a prida Statutes; a	Florida Statutes s if made under and that my nar	. I further co oath; that ne appears	ertify that I am an c in Block	the intofficer of	formation or director Block 12 if	