FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # \$950000	45237		05-21-2002 90889 043 ***150.00
			1 7
1031 Exchange Service	62' WC		wan was med,
DO NÔT WRITE	NO CHANGE IN DIRECTOR OR OFFICER, 2001UBR		
2. Principal Place of Business 441 N # 71	3. Mailing Address	1(0 .4	ATTACHED
Suite, Apt. #, etc.	1415 NC Suite, Apt. #, etc.	26 ave	DO NOT WRITE IN THIS SPACE
Okechobee, Fi	fort land	endole FL	4. FEI Number Applied For Not Applicable
34972 Country US	33304	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
		Name S	7. Name and Address of Current Registered Agent SAN MILLS
DOMOT WI	RITE		(P.O. Box Number is Not Acceptable) # 1
"IN THIS SP	ACE	3 2	301 +W7 441 AT 3F 11
		City Ok	eeclope FL 28/2972
8. The above named entity submits this statement for t	the purpose of changing it		400.00
SIGNATURE Signature, typed or printed name of registered agont and	d title if applicable. (NO	TE: Registered Agent signature require	d when reinstating) DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After Ma	May 14 Fee is \$150.00 y 11 Fee is \$550.00 ed UBR is \$61.25 ble to Department of Sta	Trust Fund Contribution. Added to Fees
11. OFFICERS AND D	IRECTORS		
NAME DPST		TITLE - TAME	12/0/
STREET ADDRESS CITY-ST-ZIP MILLS, SUSAN N. 32801 HWY 441 N.	#71 *422	STREET ADDRESS CITY-ST-ZIP	848
TIRE OKECHOSE TO S	e())	IIILE	CR2E034B (12/01
NAME STREET ADDRESS		NAME STREET ADDRESS	5
CITY-ST-ZIP		_CITY-ST-ZIP	Marie Commission of the Commis
TITLE NAME		TITLE	
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS	- DO NOT WRITE
TITLE		CITY+ST-ZIP	
NAME STREET ADDRESS		NAME	IN THIS SPACE
CITY-SI- ZIP		STREET ADDRESS	
TITLE		TITLE	
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		City ST, ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP 13. I hereby certify that the information supplied with the	is filing does not qualify fo	city st-zip	ction 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this report or supplemental report is tru of the corporation or the receiver or trustee empow attachment with an address, with all other like empo	ue and accurate and that i vered to execute this repo	my signature shall have the c	same legal effect as if made under oath, that I am an officer or director. I

1 DO	CUMENT # P95000	0045232		ATTACHMEN	/
7	1 EXCHANGE SERVICES, INC.				
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32801 HV	A Fraite of Business WY 441 N #71 DBEE FL 34972	Making Address 32801 HWY 441 N # OKEECHOBEE FL 34 US	#71 4972		
2, 7	to a Time of Business	3. Mailing Arkurass	The second section of the second section of the second section of the second section of the second section sec	Microsoft and a second a second and a second a second and	
\$0.00	ACC 19 GC	Sure Apt. #. etc.			
61.6	- Statis	City & State		DO NOT WHITE IN THIS SPACE	
.: -	The state of the s	4	Pagest 812	4. Figure .65-0592677 Adjust	
	6. Name and Address of Current	Registered Apont	Tarket with the	5. Tach late of Shalls that not 17 \$8.75 Addition	
M	•	The grant of the gett	blane	7. Name and Address of New Registered Agent	
MILLS, SUSAN N 32801 HWY 441 N #71 OKEECHOBEE FL 34972			Sure: Addi-	ess (P.G. Buz Piumber is No; Acceptable)	* * * # Holomany was
			City		***************************************
Tue and	ive maned enary scannes has statement for in	ine outpose of changing	g its registarive office or regi	FL Zin Cock.	
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