2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500046367

Business	Mailing Address							
32174	P.O. BOX 730575 ORMOND BEACH FL 3217 US	ORMOND BEACH FL 32173-0575						
2. Principal Place of Business		mail						
<u></u> D.	Suite, Apt. #, etc.							
City & State		ch, Florida						
Country	Zip 32174:-	Country U.S.A.						
	P LANGUAGE COULD Business 32174 of Business c. Country	P.O. BOX 730575 ORMOND BEACH FL 3217 US of Business 3. Mailing Address 7_Eclipse Suite, Apt. #, etc. City & State Ormond Bea Country Zip 32174						

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90020 015 ***158.75



DO NOT WRITE IN THIS SPACE

City & State			City & State				4. FEI Number 59-3320761				Applied For	
					, Floric	da					ot Applicable	4
Zip	Country		Zip 32174	L.	Country U.S.A.	Contitionto at Statue Decired IV						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
				Name								
PADGETT, GLENN R				Street Ad	Celestino A. dos S. Marques Street Address (P.O. Box Number is Not Acceptable)							
555 W GRANADA BLVD SUITE D-11				7 Ec.	7 Eclipse Trail							
ORMOND BEACH FL-32174				Ormoi	Ormond Beach							
مانیست با در است. در این است. در این					City	Ormond Beach FL Zip Code 74						
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.										1		
1. The above harmed entiry submission is statement for the purpose of changing its registered office of registered again, or down, in the order of roads.											-	
SIGNATURE _	//elhuo 14		nes									1
	Signature, typed or printed name of registered	agent and	htle if applicable.	(NOTE: Re	egistered Agent signatu	re required wh	nen reins	stating)	DATE]
9. This corpo	pration is eligible to satisfy its Intan	gible	FIL	E NOW!!!	FEE IS \$150.0	00	- }	10. Election Campaign Final	ncina	\$5.0	30 May Be	
~	equirement and elects to do so.			,	Fee will be \$5	_		Trust Fund Contribution.			d to Fees	
(See criter	ria on back)	<u>니</u>	Make Che	ck Payable	to Department	of State		<u> </u>]
11.	OFFICERS /	AND DIF	RECTORS		12.		ADD	ITIONS/CHANGES TO OFFIC	ERS AN			ړ ∤
TITLE	Ρ .			Delete	TITLE					Change	Addition	١
NAME	MARQUES, CELESTINO A D	OS			NAME							
STREET ADDRESS	7 ECLIPSE TRAIL				STREET ADDRESS CITY-ST-ZIP							8
CITY-ST-ZIP	ORMOND BEACH FL											-{ §
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CITY-ST-ZIP					CITY-ST-ZIP							Ì
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CITY-ST-ZIP					CITY-ST-ZIP							-
TITLE)elete	TITLE					☐ Change	□ Addition	{
NAME CIRCLE ADDRESS					NAME CARCET ARRESTOR							
STREET ADDRESS CITY-ST-ZIP	·				STREET ADDRESS CITY-ST-ZIP							
				06 - 5				IO OTIONO CITAL DE LA COLONIA	414	-att. ab. 1 at-	In 64 - 44 C * 1	1
13. Thereby 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 indicated on this report or supplemental report is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of director of the complete of the control of the												

of the corporation or the receiver 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

Daytime Phone #

05/22/2000 (904) 676-7655