## 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan		158 119		Secretary of State 03-20-2000 90119 009 ***150.00	am e	
Principal Plan	ce of Business	Mailing Address				
311 RACETRACK ROAD FT. WALTON BEACH FL 32548		311 RACETRACK ROAD FT. WALTON BEACH FL 32548				
2. Principal F	Place of Business	3. Malling Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc		DO NOT WRITE IN THIS SPACE	, ,	
City & Stat	te	City & State		4. FEI Number 59-1927493 Applied Not App		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required		
	6. Name and Address of Current R	leaisterad Agent		7. Name and Address of New Registered Agent		
	and the second		Name ~	The first and Address of New Hogisteles Agent		
	EUSS, RICHARD W RACETRACK ROAD		Street Address	ss (P.O. Box Number is Not Acceptable)		
	WALTON BEACH FL 32548	- 1				
			City	Zip Code		
				FL Zip Code		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.  If a on back)	After MÁ	NOW!!! FEE IS \$150.00 f 1, 2000 Fee will be \$550.00 Payable to Department of S			
11.	. OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREUSS, RICHARD W 311 RACETRACK ROAD	☐ Delist	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. WALTON BEACH FL 32548  D  KEYES, RALPH E  311 RACETRACK ROAD  ET. WALTON BEACH EL 22548	☐ Delet		☐ Change ☐	Addition	
TITLE	FT. WALTON BEACH FL 32548  D  KEYES, DONNA JO E	☐ Deleti	<b>──╂</b> ───┼─	☐ Change ☐	Addition	
NAME -: STREET ADDRESS CITY-ST-ZIP	311 RACETRACK ROAD		STREET ADDRESS City-St-7ip			
		☐ Delete	CITY-ST-ZIP	☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	311 RACETRACK ROAD	☐ Deleti	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Addition Addition	

indicated on this report or supplemental report is true and accurate anci-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 receiver or truetee empowered to expecte 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 and other like empowered.

SIGNATURE: X TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

85-0-863-7969 Daytime Phone #