## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # <b>P950(</b> AST BOWLING LANE SERV	00064656 (ICES, INC.	• / • *		Secretar 01-27-2002 90	y of St	ate
Principal Place of Business 2307 63 RD. AVE. EAST UNIT D BRADENTON FL 34203		Mailing Address 2307 63 RD. AVE. EAST UNIT D BRADENTON FL 34203				IN BANA ANN ANNA ANA	1 <b>6</b> 344 <b>3 5</b> 444 1 <b>88</b> 4
2. Principal Place of Business		3. Mailing Address				### <b>#### #### ####</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number <b>65-0590289</b>	<del> </del>	pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired [	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent	Nome	7.	Name and Address of New Regis		
MARLOW, KEITH 635 OHIO PLACE			Name Street Add	Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236			City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	۵
SIGNATURE .	named entity submits this statement for signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible	and title if applicable. (NOTE:	Registered Agent signature	a required when r		DATE	
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fee will be 3 Make Check Payable to Departme		0.00 of State	10. Election Campaign Financia Trust Fund Contribution.	☐ Added	May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLOW, KEITH D 635 OHIO PLACE SARASOTA FL 34236	DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AE	DDITIONS/CHANGES TO OFFICER	S AND DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARLOW, ARCHIE K 2317 SOUTH TUTTLE AVENUE SARASOTA FL 34239	□ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE IAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

13. I hereby 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 true and accurate and 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 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

SIGNATURE

SIGNATURE

Daylime Phone #