## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P95000067930					FILED Feb 11, 2002 8:00 am Secretary of State			
Principal Plac	ee of Business	Mailing Address			1			
20329 SR 26 E EARLETON FL 32631-6907 US		20329 SR 26 E EARLETON FL 32631-6807 US				I I <b>da</b> nkaan ha kanal annk aann <b>a</b> ank	AANS AASIA AKNA NAASE KA	<b>11</b> 1141 <b>41</b> 11 1 <b>41</b>
2. Principal Place of Business 3. Mailing Address					1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			<b>4</b> , F	El Number <b>59-3350339</b>	<b>}</b> —	Applied For
Zip	Country Zip Cou		Country		<b>5</b> . C	Certificate of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Reg	<del> </del>	
				Name				
Greathouse, Daniel G 636 Ne 10th Ave			Stre	Street Address (P.O. Box Number is Not Acceptable)				
GAINSVILLE FL 32601-4488						,		
			City	'		<del></del>	FL Zip Co	de
8, The above	named entity submits this statement for	the purpose of changing its re	egistered offic	ce or register	red age	ent, or both, in the State of Florid	la.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent	signature required	d when rei	nstating)	DATE	
9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$1	50.00		10. Election Campaign Finan	cina <b>¢</b> E	00 May Be
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, 2002  Make Check Payable					ite	Trust Fund Contribution.	~ ~~	ed to Fees
11.	OFFICERS AND		12.			DITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11
TITLE	PSD	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	Greathouse, Zane <del>-20329 SR 28 E</del>		NAME STREET ADDR	ESS 75	13,	NE 222ND S	TREET	-
CITY-ST-ZIP	-EARLETON-FL 32631-8807		CITY-ST-ZIP	ME	LR	DSE, FL 32666	·	
TITLE NAME STREET ADDRESS	VTD Greathouse, Daniel 636 Ne 10 Avenue	□ Delete	TITLE NAME STREET ADDR	ESS			☐ Change	☐ Addition
CITY-ST-ZIP	GAINESVILLE FL 32601	Delete	CITY-ST-ZIP				☐ Change	Addition
NAME			NAME					_
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS				
TITLE	l—————————————————————————————————————	□ Delete	TITLE			<del></del>	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDR	For				ĺ
CITY-ST-ZIP			CITY-ST-ZIP	133				{
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDR CITY-ST-ZIP	ESS				
TITLE	<u></u>	☐ Delete	TITLE				☐ Change	Addition
NAME			NAME CTREET ADDR	ree				Ì
STREET ADDRESS CITY-ST-ZIP			STREET ADDR					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachampt with an address, w	true and accurate and that my wered to execute this report a	signature sh	all have the :	same le	egal effect as if made under oat	h; that I am an office	er or director

24 Jan 2002