2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar		0072214				[V]	Secreta 05-28-2002	ary o	of Sta	ate	
Principal Place of Business		Mailing Address									
475 POA BOY ST:≪AUGUST!!		-475 POA BOY FARM RD. -ST. AUGUSTINE FL 32092				DUI CUONT					
•	,										
2. Principal f	Place of Business	3. Mailing Address									
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 59-3340429 Applied For Not Applicable						
Zip	Country	Zip Cour		try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current Re	egistered Agent		Name	7.	Name and Ad	dress of New R	egistered A	gent		
HOLBROOK, H. LEON 1 INDEPENDENT DR., STE. 2301					s (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32202				City	y FL Zip Code						
8. The above	e named entity submits this statement for the	he purpose of changing its re	egistere	ed office or regist	ered a	gent, or both, i	n the State of Flo				
SIGNATURE	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: F	Registered	A. Ma	ed when	reinstating)	HP	DATE	191	02	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!I— Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable			Fee v	will be \$550.00			n Campaign Fin und Contribution	ancing	\$5.0 Added	O May Be—	
11.	OFFICERS AND DI		12.		Αſ	DITIONS/CH	ANGES TO OFF	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALTBY, JOHN 475 POA BOY FARM RD. ST. AUGUSTINE FL 32092	☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALTBY, DANIEL F 1795 COUNTY RD. 13A S. ELKTON FL 32033	☐ Delete				10.			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			•		n. a		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			,	<u>.</u>	Change	Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADDRESS				<u> </u>	Change	Addition	
TITLE NAME STREET ADDRESS		Delete I	TITLE	T ADDRESS		-		[Change	☐ Addition	
IIY-ST-ZIP	pertify that the information supplied with this	s filing does not qualify for th	e even	ST-ZIP aption stated in Se	ection	119.07(3)(i), Fi	orida Statutes. I	further certif	that the inf	formation	
maicated	on this report or supplemental report is tru poration or the receiver or trustee empowe	ie and accurate and that my i	SIODAII	ire shall have the	cama	lacial attact ac	if made under a	nth, that I am			

V.P. 5/9/02 SIGNATURE: