## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

				Jim Smit Secretary of	h State	· FILED	12: <b>4</b> 0			
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Suite, Apt. #, etc.								10		
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City & State			City & State		··-···································			plied For		
NAPLES FLORIDA						۸ I		2126		Applicable
						6.	6. S8.75 Additional Fee required			
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Name			7. N	ame and Addres	s of Current Regi	stered Agent	12 . 744			ł
PAULINE R. THOMAS										
Street Address (P.O. Box Number is Not Acceptable)										
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			ve named corpo	ration, am familiar	with and accept the	ne obligations of se	ction 607.05			
f , Agent	Paul	)one RE	GISTERED AG	ENT MUST SIGN	mas	<del></del>	Date	12-1	9-02	]
and Street A	dresses of Eacl	n Officer and	or Director (Flo	rida nonorofit corr	porations must list	at least 3 directors	)			
Name of Officers and/or Directors			Street Address of Each Officer and /or Director				City / State / Zip			
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instatement ap by the corpora application is	plication, the reation have been p	ison for diss aid and the i ie, and my si	olution has been names of individ gnature shall ha	eliminated, the co uals listed on this ve the same legal	orporate name satis form do not qualify	sfies the requireme for an exemption o	ints of section	1 607.0401 or 6	17.0401, F.S., that	ali fees
	JMENT stion Name  A B U  al Office Addres  5 C  4, etc.  Name  Street Add  Suite, Apt.  City  Appointed the and Street Add  PAU  y that I am an instatement apply the corporal application is	ABUSH  al Office Address  3.5 COPE  #, etc.  Country  Name  PAUL  Street Address (P.O. Box No. 578.5  Suite, Apt. #, Etc.  City  NAPLE  appointed the registered ager  Agent  Agent  Agent  Agent  PAULINE  PAULINE  PAULINE	STATEMENT  JMENT # P95000  stion Name  A BUSH CH  al Office Address  3.5 COPE LANE  #, etc.  STATEMENT  Country  LISA  Name  PAULINE  Street Address (P.O. Box Number is No. 5785  Suite, Apt. #, Etc.  City  NAPLES  appointed the registered agent of the above  Agent  RE  and Street Addresses of Each Officer and  Officers and/or Directors  BURON C. TH  PAULINE R. TH	STATEMENT  STATEMENT  JMENT # P9500085  stion Name  A BUSH CHARTE  al Office Address  3. Mailing O  4. Mailing O  5. Mailing O  6. Mailing O  7. Mailing O  8. Mailing O	STATEMENT STATEMENT Secretary of Solivision of corporation Name  ABUSH CHARTERS, —  al Office Address 3. Mailing Office Address 4. etc.  City & State  City & State  City & State  Country  C	STATEMENT  Secretary of State DIVISION OF CORPORATIONS 02 D  JMENT # P9500085176  SECRETARY STATEMENT  ABUSH CHARTERS, INC.  City & State  Suite, Apt. #, etc.  City & State  Country  LSA  AHISTORY  T. Name and Address of Current Reginer  Name  PAULINE R. THOM  Street Address (P.O. Box Number is Not Acceptable)  5785 COPE  LANE  Suite, Apt. #, Etc.  City  NAPLES  appointed the registered agent of the above named corporation, am familiar with and accept the Address of Current Reginer  REGISTERED AGENT MUST SIGN  and Street Addresses of Each Officer and/or Director (Floride nonprofit corporations must list.  Name of Officers and/or Director (Floride nonprofit corporations must list.  REGISTERED AGENT MUST SIGN  Agent  REGISTER	STATEMENT  Secretary of State DIVISION OF CORPORATIONS 02 DEC 23 PM STATEMENT # P950008517b SECRET ARY OF TALLAH SSEE. Florin Name  ABUSH CHARTERS, INC.  10 Office Address 3. Meiling Office Address 3.5 COPE LANE 578.5 COPE LANE Sufe, Apt. 8, etc.  10 City & State  City & State  Country  2p Country  2p Country  3 H 112 USA  THOMAS  THOMAS  STREET ARY OF TALLAH SSEE. FLORIDA  6. CERTIFIC  7. Name and Address of Current Registered Agent  Name  PAULINE R. THOMAS  STORY AGAINST SIGN  12 AGAINST SIGN  Agent Agent Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors  REGISTERED AGENT MUST SIGN  12 AGAINST SIGN  13 AGAINST SIGN  14 AGAINST SIGN  15 AGAINST SIGN  16 AGAINST SIGN  17 AGAINST SIGN  18 AGAI	STATEMENT  SCORETARY OF STATE  DIVISION OF CORPORATIONS 02 DEC  23 PM 12: 40  JMENT # P9500085176  SECRETARY OF STATE  TALLAH  SSEE F1 PM 12: 40  JMENT # P9500085176  SECRETARY OF STATE  TALLAH  SSEE F1 PM 12: 40  JMENT # P9500085176  SECRETARY OF STATE  TALLAH  SSEE F1 PM 12: 40  JMENT # P9500085176  SECRETARY OF STATE  TALLAH  SSEE F1 PM 12: 40  JMENT # P9500085176  SECRETARY OF STATE  SIGNOR Address  3. Mailing Office Address  3. Mailing Office Address  3. Mailing Office Address  South, Apt. 6, etc.  City & State  State  F1 PM 12: 40  4. Date Incorporated or To De Business In F1  SECRETARY OF STATE  Country  Country  Country  JMENT # Date Incorporated or To De Business In F1  SECRETARY OF STATE  TO DE Business In F1  SECRETARY OF S	STATEMENT  JIM SMITH Secretary of State Division or Corporations 02 DEC  23 PM 12: 40  JMENT # P9500085176  SECRETARY OF STATE STALLAH SSEE, FLORE  ABUSH CHARTERS, INC.  12/23/02-01042-0  10/01ca Address  35 COPE LANE Suita, Apt. 8, etc.  City & State  Country  Country  Country  To Marine and Address of Current Registered Agent  Name  PAULINE R  Suita, Apt. 8, etc.  City A State  Thomas and Address of Current Registered Agent  Name  PAULINE R  Suita, Apt. 8, etc.  City  NAPLES  COPE  LANE  Street Address of Country  REGISTERED ACENT MUST SIGN  REGISTERED ACENT MUST SIGN  Agent  REGISTERED ACENT MUST SIGN  Agent  Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PAULINE R  Agent  REGISTERED ACENT MUST SIGN  Street Address of Each Officer and/or Director  Officer and/or Director  City  Name of Country  REGISTERED ACENT MUST SIGN  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PAULINE R  THOMAS 5785 COPE LANE  Name of Officer and/or Director (City)  BYRON C. THOMAS 5785 COPE LANE  NAPLES  PAULINE R  THOMAS 5785 COPE LANE  NAPLES  THOMAS 5785 COPE LANE  TH	STATEMENT  STATEMENT  SECRETARY OF STATE  ABUSH CHARTERS, INC.  10 Office Address 3. Melling Office Address 4. Date Incorporated or Qualified 10 to binations in Printing 10 to binations in Printing 11 to binations in Printing 11 to binations in Printing 12 U.S.A. 3. H. I. Date Incorporated or Qualified 13 To Address 14 Date Incorporated or Qualified 15 To binations in Printing 16 To binations in Printing 17 Name and Address of Current Registered Agent 18 Name 19 DALLINE R. THOMAS 5 TO BE LANE 5 TO BE State 12 to Code 19 To Be State 1 State