2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 25, 2002 8:00 am Secretary of State

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City & State Country Country B. Certificate of Status Desired BA75 Additional Fee Required Fee Requ	2. Principal P	Tace of Business	3. Mailing Address		-		d a 11 20 1 12910 1211			
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	DO NOT WRITE IN THIS SPACE				
RESINGER, CLARK B. 228 ARNOLD AVE. LONGWOOD FL 32750 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Ring requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MARE STRET ADDRESS CITY-ST-2P Delete TITLE Delete	City & State		City & State		4. F	59-3367059			_	
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RESINGER, CLARK B. 228 ARNOLD AVE. LONGWOOD FL 32750 City FL Zip Code	<u>.</u> .	6. Name and Address of Current Re	glatered Agent		7. N	ame and Address of New Registere	d Agent		1	
228 ARNOLD AVE. LONGWOOD FL 32750 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME NAME STRET ADDRESS CITY-ST-2P TIME NAME SIRET ADDRESS CITY-ST-2P TIM			and the same sufference	Name						
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hipsed or private name of registered agent and title if applicable. (MOTE Registered Agent applicable without when related to private name of registered agent and title if applicable. (MOTE Registered Agent applicable without when related to private name of registered agent and title if applicable. (MOTE Registered Agent applicable without when related to private name of registered agent, or both, in the State of Florida. SIGNATURE Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent, or both, in the State of Florida. Signature, hipsed or private name of registered agent and title if applicable. Signature, hipsed or private name and elects to do so.	228 ARNO	OLD AVE.		Street Addre	ss (P.O. Bo	ox Number is Not Acceptable)		h-]	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE B. This corporation is eligible to satisfy its Intangible Tax Riling requirement and elects to do so. After May 1, 2002 Fee will be \$55,00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE RESINCER, CLARK B STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delete Delete TITLE Delete Delete Delete Delete Delete TITLE Delete Delete Delete Delete Delete TITLE Delete Delet	LONGWO	OD FL 32750	•				- 17:-0-	,	4	
SIGNATURE Sometime, typed or privated ragent and tille of applicable. (NOTE: Registered Agent acquature menulated when retrolating) DATE				City	City FL Zip Code					
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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 807, 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

GRATURE AND TYPED OR PRINTED NAME OF GREING OFFICER OR DIREC

4/30/02

Daytime Phone #