## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000015234

## FILED Apr 23, 2001 8:00 am

1. Entity Nam		TOTAL					Secret	ary	of Sta	ate	
CUASTA	L IIILE (	SERVICES, INC.					04-23-200	1 90044 (	009 ***150	0.00	
Principal Place	e of Busines	ss	Mailing Address								
1701 HIGHWAY A-1-A			1701 HIGHWAY A-1-A								
SUITE 220 VERO BEACH FL 32963			SUITE 220 VERO BEACH FL 32963								
YENO DENOTE	L 32303		TENO DENOTTE GEOGR			1100111	 		81 BILLS (18 <b>19</b> LIS	(1) \$121 1821	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc. City & State										AI 4181 1881	
			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
			City & State	City & State			nber 65-065239	6		oplied For	]
			<u> </u>							Not Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
	6. Name	e and Address of Current	Registered Agent	1		7. Name ar	nd Address of New I	Registered	Agent		1
			mana and a second secon		Name			<del>-</del>	. —	• ••	
	CH, IRA C			Street Addres	ddress (P.O. Box Number is Not Acceptable)						
1701 A1A STE 220					<u> </u>		<del>.</del>				1
VERO BEACH FL 32963					City				Zip Cod		4
					City			FL	• Zip 000	~	-
8. The above	named entit	ty submits this statement f	or the purpose of changing it	ts register	ed office or regis	stered agent, or t	ooth, in the State of F	orida.			
											}
SIGNATURE .	Signature, typed	d or printed name of registered agen	t and title if applicable. (NC	TE: Registere	ed Agent signature requ	ired when reinstating)		DATE			
		gible to satisfy its Intangible	EU 5 11011	/!!! FEE	IS \$150.00	10.5	Election Campaign Fi	nancina	¢5.0	0 May Be	]
Tax filing requirement and elects to do so.			After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of S			0   1	Trust Fund Contribution			to Fees	
	ia on back)	OFFICERS AND		12.	<del> </del>		S/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	}
TITLE	PVST	OFFICERS AND	Delete	TITL		ADDITION	570171102010	102.107.012	☐ Change	☐ Addition	9
NAME	HATCH, I	RA C		NAA	L.						100
STREET ADDRESS		Y A1A STE 220			EET ADDRESS /-ST-ZIP						F034 (10/00)
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CITY-ST-ZIP					Y-ST-ZIP	<del> </del>		<u>.</u>	Change	☐ Addition	-
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STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	<u> </u>				Y-ST-ZIP				Change		┨
TITLE NAME			☐ Delete	TITL	l l				Change	☐ Addition	Ì
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						┧
TITLE			☐ Delete	TITL					☐ Change	Addition	
NAME STREET ADDRESS				NAM STR	AE EET ADDRESS						
CITY-ST-ZIP					Y-ST-ZIP						]
TITLE		TU TERMENTER FRANCE	□ Delete	. Delete TITLE				<u>.</u>	☐ Change	☐ Addition	
NAME				NAM			,				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
	Lertify that th	ne information supplied wit	th this filing does not qualify t	_		Section 119.07(	3)(i), Florida Statutes	. I further ce	rtify that the i	nformation	†
indicated of the cor	on this repo	ort or supplemental report the receiver or trustee emi	th this filing does not qualify it is true and accurate and that the powered to execute this epocyte all other like income a	t my signa rt as requ	ature shall have the	he same legal et 607, Florida Stati	fect as if made under utes; and that my nar	oath; that I ne appears	am an officer in Block 11 o	or director Block 12 if	
changed,	or on an att	tachment with an address	with all other the onpowers	d.	, ,		•				

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #