2000 UNIFORM BUSIN	ESS REPO	RT (UBR)	•	
DOCUMENT # P960000 20611  1. Entity Name			FILED  - SECRETARY OF STATE THE ISLOW OF CORPORATION.	
McCoy and Minery	ini Inc.		00 OCT 23 /	AM 10: 10
102 Rock Harbor Dr. Key Largo, 71. 33037 2. Principal Place of Business 3.	Aailing Address  102 Rock  102 Rock  102 Rock  102 Rock  102 Rock  102 Rock  103 Suite, Apt. #, etc.			
City & State	Gity & State Kev Largo	<u> </u>	4. FEI Number (05-06 48535	Applied For Not Applicable
Zip Country	Zip	Country	5 Certificate of Status Desired \$8	.75 Additional
6. Name and Address of Current Regis	33 <i>0</i> 37	USA .	7. Name and Address of New Registered Age	Required
	stered Agent	Name	A Marie Bilo Madross of Holl Hogisterion Age	
Deborah L. McCoy		Street Address	(P.O. Box Number is Not Acceptable)	
102 Rock Harbor Dr.				
Key Largo, 71.				
33037		City	FL	Zip Code
8. The above named entity submits this statement for the	purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida.	
				i
SIGNATURE Signature fixed or printed name of registeres again and table	a if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DATE	00
	FILE NOW!!! After SEPTEMBER 13,	FEE IS \$550.00	58.00 Trust Fund Contribution.	\$5.00 May Be Added to Fees
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRE	FILE NOW!!! After SEPTEMBER 13, Make Check Payable	FEE IS \$550.00 2000 Min. will be \$75	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
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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 607, 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:

SIGNATURE AND THE AND THE PRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date