, 2001 Uniform Bus	siness repo	RT (UBR)	FILED	
DOCUMENT # P9600022419(1) 1. Entity Name			May 21, 2001 8:00 am Secretary of State	
T. G. ROBERTS MAKE	LETING, IN	)C	05-21-2001 90035 042 ***150.00	
Principal Place of Business	Mailing Address	,OCEAN LAN 立 107	F De	
KEY BISC AYNE, FL.,	22144 KE	33149	658609	
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Currer		Name	7. Name and Address of New Registered Agent	
101 OCEAN LANE	DR#107	Street Address	(P.O. Box Number is Not Acceptable)	
KEY BISCAYNE, F	L. 33149			
		City	FL Zip Code	
8. The above named entity submits this statement SIGNATURE Signature typed or nighted name of positives agent.	for the purpose of changing its	Roster T.	4-28-61	
9. This corporation is eligible to satisfy its Intangib Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 200	FEE IS \$150.00 Of Fee will be \$550.00 le to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
11. OFFICERS AND	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
HAME STREET ADDRESS STY-ST-ZIP KEY BISORYN	NE DR #107	NAME STREET ADDRESS CITY-ST-ZIP	(11/	
TITLE VILLE TO LEAD LEAD LEAD LEAD LEAD LEAD LEAD LEAD	Delete	TITLE NAME STREET ADDRESS	Change Daddition CR2E034	
CITY-ST-ZIP KEY BISC RY	UE FL.33149	CITY-ST-ZIP		
INTERNATION TO CEAN LAW  INTERNATION STATE TO CEAN LAW  INTERNATION TO CEAN LAW  KEY BISCAY	NG 702#/07	NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS	N. C., P.Z. >> 14.9	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP		CITY-ST-ZIP		
ITILE NAME STREET ADDRESS	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied wit indicated on this report or supplemental report	□ Delete  th this filing does not qualify for is true and accurate and that movement the control that of	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated in St signature shall have the		