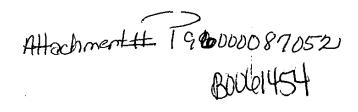
2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		00087052			Secretary of State 08-06-2001 90003 047 ***150.00				8 AT
Principal Place of Business 28540 BERMONT RD PUNTA GORDA FL 33982		Mailing Address 28540 BERMONT RD PUNTA GORDA FL 33982							
2. Principal Place of Business		3. Mailing Address			4 10051004 140 10410 ESIAS EBASI OB	{	[911 98191 8		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 65-0705776 Applied For				
Zip	Country	Zip	Country	5.	Certificate of Status Desired		. 75 Addi		1
	6. Name and Address of Current	Registered Agent			Name and Address of New R	— Fee	Required		<u> </u>
MAUK C	ADOLINE C			GRIDI	EY. MATTHEW	C.			
MAUK, CAROLINE G 28540 BERMONT RD			S	treet Address (P.O.	Box Number is Not Acceptable BELMONT RD)			
	ORDA FL 33982			A 4 - 7 - 1	OCHILIOIVI IND				1
•			C	PUNTA	Goebo	FL	Zip Code	05	1
8. The above	named entity submits this statement fo	r the purpose of changing its r	registered o	ffice or registered a	agent, or both, in the State of Flo	rida.	<u> </u>	o	1
SIGNATURE .	Matthew (2 Bride	<u></u>	ent signature required wher		1/12/6	5/_		
Tax filing (oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After September 12, Make Check Payabl	, 2001 Fee	will be \$750.00	10. Election Campaign Fin Trust Fund Contributio			May Be to Fees	-
11.	OFFICERS AND	DIRECTORS	12.	Д		ICERS AND DIF	RECTORS	IN 11	_ [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUK, CAROLINE G 28540 BERMONT RD PUNTA GORDA FL 33982	☐ Delete	TITLE NAME STREET AD CITY-ST-2				Change	Addition	CR2E034 (5/01)
TITLE NAME STREET AODRESS	D MAUK, BRUCE A 28540 BERMONT RD	⊠ Delete	TITLE NAME STREET AD				Change	Addition	CR2
CITY-ST-ZIP	PUNTA GORDA FL 33982		CITY-ST-2	ZIP I			06	(ST Addition	-
NAME STREET ADDRESS	The second section is a second	ena .	NAME STREET AD	ORESS 28544	EY MATTHEW C BERMONT RD GORDA FL 3	- a	Change -	Addition	-
CITY-ST-ZIP TITLE		□ Delete	CITY-ST-Z	PUNTA	GORDA FL 3		Change	☐ Addition	1
NAME STREET ADDRESS CITY-ST-ZIP		LI Delete	NAME STREET AD CITY-ST-2				onango	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET AD CITY-ST-Z				Change	☐ Addition	1
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empored or on an attachment with an address, we	true and accurate and that my wered to execute this report a	y signature :	shall have the same	e legal effect as if made under o	eath: that I am a	in officer o	or director	

SIGNATURE:



To whom it may concern,

I did not receive the original bill for this earlier in the year. Therefore, I am asking that you please waive the penalty for non payment.

Thank you,

Matt Gridley, officer

- Jour Jour Ly