3372253 Applied For Not Applicable Pesired 71 \$8.75 Additional								
NOT WRITE IN THIS SPACE	E							
<b>2-3372253</b>	Applied For							
0012200	Not Applicable							
Desired S8.75 Additional Fee Required								
s of New Registered Agent								
Acceptable)								
FL Zip Code 34684								
State of Florida.								
\$ 9-12-00								
DATE								
mpaign Financing Contribution.	\$5.00 May Be Added to Fees							

LII LD

## 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	IENT # <b>P96000</b> 0 NE BASICS, INC.	94744	1		Secre	5, 2000 a tary of	8:00 Sta	ite
Principal Place of 546 VALENCIA S' SANFORD FL 327 US	Т	usiness Mailing Address  546 VALENCIA ST SANFORD FL 32771 US			AU078607			
2. Pricipal Place of Business 3. Mailing Address 3024 LANDMARIC BLUD 3. Mailing Address 3024 LANDMARIC Suite, Apt. #, etc.  # 603 4603		u Bevo	BLJO  DO NOT WRITE IN THIS SPACE					
Pacm H	ARBUR, FL	City & State PARM HARBOR		4. 1	El Number <b>59-33</b>		No	plied For t Applicable
346B4	Country  Cou	Zip 34684 egistered Agent	Country _USA		Certificate of Status Desi	FeeFee	. <b>75</b> Add Required	
PLAICE, JILL 546 VALENCIA ST SANFORD FL 32771			3 4	Name  Street Address (P.O. Box Number is Not Acceptable)  3024 (ANOMARIC / DC NO  4 (003				
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, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intendible.  File NOW!!! FEE IS \$550.00								
(See criteria		After SEPTEMBER 13 Make Check Payabl	•	of State	10. Election Campaig Trust Fund Contri	bution.	Ádded	May Be to Fees
NAME STREET ADDRESS	PDST PLAICE, JILL 546 VALENCIA ST SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		LANOMARIC HARBUR, F	E	Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP		, Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			`	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS City-St-Zip		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition

nereby certify that the information supplied with this filling 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR