## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR).

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # P960000 96351					•	<b>Secretary of State</b> 05-01-2002 91526 037 ***150.00		
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-	DO NOT WRITE		PAC	E	,	Ozev.		
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		140 ISLAND WAY Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS S	DACE	
<u>#238</u>	)	<b>#</b> 238						
CLEAR	WATER FI	CLEARWATER FI			4.	FEI Number 59 - 3420371	Applied For Not Applicable	
33767	Country	33767	Cour	ELLAS	5.		8.75 Additional ee Required	
00101						ame and Address of Current Registered	Agent	
DO NOT WRITE				Name TERRY L BEAMER				
				_Street Addre	dress (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				140 1	D ISLAND WAY #238			
4				CITY CLEARWATER FL 33987				
SIGNATURE	named entity submits this statement for	ノ		ed office or regi		4-11	or	
Tax filing requirement and elects to do so.  After May 1  Amended						10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		TITE	- :}				
title Name Street address City-St-Zip:	4 /0 02 /2			IAME TREET ADDRESS ITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP /	ME TERRY L. BEAMER 140 ISLAND WAY #238			E IE EET ADDRESS -ST-ZIP				
TITLE ANAME STREET ADDRESS CITY-ST-ZIP	EET ADDRESS			E IE EET AODRESS '-ST-ZIP	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				E IE IET ADDRESS - ST- ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,							
TITLE NAME STREET ADORESS CITY-ST-ZIP	·							
	certify that the information supplied with	this filing does not qualify f	or the exe	mption stated in	Section	119.07(3)(i), Florida Statutes. I further certi	fy that the information	

13. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 727-449-0663

Daytime Phone