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

DOCUMENT # P9700008534 1. Entity Name

## May 17, 2002 8:00 am Secretary of State 05-17-2002 90041 042 \*\*\*150.00

DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 519 NW 60 S+ Suite. Apt. #, etc.		3. Mailing Address 519 NW 60 St. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Suite A City & State Graines ville, Fc		Suite A City & State Gaines ville, Fo			4. FEI Number   Applied For   Not Applicable		
Zip 3260	Country	32607	Country		5. Certificate	of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE					7. Name and Address of Current Registered Agent  F. Gerdon  s (P.O. Box Number is Not Acceptable)		
IN THIS SPACE					-		I Zin Code
8. The above	named entity submits this statement for	the purpose of changing its	registered	office or registe	SVILLE ered agent, or both	i, in the State of Florida.	L Zin Code 07
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    See Criteria on back			Aay 1 Fee 1, Fee is d UBR is	\$550.00 \$61.25	10. Elec	DATE	\$5.00 May Be Added to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	President Gerdon, John 519 NW 60 St. Su Gainesville, Fi Vice President	F ule A 32607	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	2021, 022.21			ADDRESS - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME STREET / CITY-ST		DO	NOT WR	ITE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			TITLE NAME STREET A	t	ĪN	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET A	ADDRESS			
TITLE NAME STREET ADDRESS	·		TITLE NAME STREET A	ADDRESS			

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

F.Gerlon-PresiDat 4-30-02 (352 SIGNATURE: