FILED Apr 17, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P9700 ARTLEY & ASSOCIATES, INC.	0027329				Secretary 04-17-2002 90032	of Sta	ate
Principal Place 463 SUNBURE DELTONA FL		Mailing Address 463 SUNBURST DELTONA FL 32725				1 40 BURBO ING 28201 18802 88031 8814 88141 88	(8 (1811 18886 11518	(1888-188) 1883 — ·
Principal Place of Business 3. Mailing Address					_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. 1	FEI Number 59-3437354		plied For t Applicable	
Zľp ·	Country	Zip	Cour	ntry	5. (Certificate of Status Desired	\$8.75 Add Fee Required	itional
	6. Name and Address of Current I	Registered Agent		Name	7. 1	Name and Address of New Registered	d Agent	
FLOWERS, JOAN 463 SUNBURST DELTONA FL 32725			ř	Street Address (P.O. Box Number is Not Acceptable)				
DELIGIA	A FL 32125			City		F	Zip Code	e
9. This corpo	Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After May 1, 20 Make Check Payab	!! FEE 02 Fee	will be \$550.00	0	einstating) DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	O May Be to Fees
11.	OFFICERS AND I		12.		AD	DITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FLOWERS, JOAN D 463 SUNBURST DELTONA FL 32725	☐ Delete	- 11	1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOWERS, CHARLES R 463 SUNBURST ST DELTONA FL 32725	☐ Delete	III .	- 1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ಭಾಷಣದ ಸಂಪರ್ಧ ಪ್ರಕ್ಷಣೆ ನಿರ್ಣ	☐ Delete	STRE	E LET ADDRESS '-ST-ZIP	* ****	ر این طبخیامی که ۱۰۰ این در احمی این ا	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	III .				☐ Change	Addition

13. I hereby 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 Block 12 if changed, or on an attachment with an address, with all gifter like empowered.

SIGNATURE:

Date