## **2001 UNIFORM BUSINESS REPORT (UBR)**

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In the companies of Europe State   S	COUN.	SELING & CERTIA	FILATION NE	STWORK I	77-2	4-2001 90027 00	)4 ***158.75	5
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Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WHITE INTHS SPACE					D0059447			
City & State  Country  Country  Country  Country  S. Conflictato of Status Desired  For Prequired  For Street Address (P.O. Box Number is Not Acceptable)  For above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida.  SIGNATURE  Signatury yeard a emicration of registered of flore or registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered of flore or registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered or direct or registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered agent or death of registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered agent, or both, in the State of Florida  SIGNATURE  Signatury yeard or emicration of registered agent, or both, in the State of Florida  SIGNATURE  Signatury was agreed agent, or both, in the State of Florida  Signatury was agreed agent, or both, in the State of Florida  Signatury was agreed agent, or both, in the State of Florida  Signatury was agreed agent, or both, in the State of Florida  Signatury was agreed agent, or both, in the State of Florida  Signatury was agreed agent, or both, in the State of Florida  Signatury was agr	2. Principal Place of Business							
Zip Country Zip Country S. Certificate of Status Desired X St. 75 Additional Fee Programmed  6. Name and Address of Current Registered Agent  OE MOLA, DAVID T  I H Z I L D NIGHTS AFLE CLASS  FIL 33 9 0 8  City Street Address (P.O. Box Number is Not Acceptable)  FIL Zip Code  8. The above named entity submits this statement for the numpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the numpose of changing its registered effice or registered agent, or both, in the State of Florida.  9. The above named entity submits agent agent agent agent agent agent agent agent agen	Suite, Apt. #, etc.		Suite, Apt. #, etc.		D	DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  OE MOLA, DAVID T  I H 2 I L DANS IN ACCEPTANCE OF Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Co	City & State		City & State 4		4. FEI Number 65-074	0794	<u> </u>	
Name	Zip	Country	Zip	Country	5. Certificate of State			
DE MOLA, DAVIDT   142   LONG WATTER Chase Cr   Street Address (PO. Box Number is Not Acceptable)   THE NUMBER   Street Address (PO. Box Number is Not Acceptable)   THE NUMBER   Street Address (PO. Box Number is Not Acceptable)   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	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
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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	1,1	421. LONGWA	C Street Address	Street Address (P.O. Box Number is Not Acceptable)				
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	FI	Myers FL	A 33908					
SIGNATURE  9. Tris corporation is eligible to satisfy its Intangible Tax filling requirement and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (See criteria on back) The component and etects to do so.  (The compon				City	City FL Zip Code			
9. This corporation is eligible to salisfy its Intangible   FILE NOW!! FEE IS \$150.00	8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	stered agent, or both, in th	e State of Florida.	•	
9. This corporation is eligible to salisfy its Intangible   FILE NOW!! FEE IS \$150.00	SIGNATURE		•					
Task fling recultement and electrs to do so   Make Check Payable to Department of State   Trust Fund Contribution   Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14. Addition    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.	01010100112	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent signature requ	ired when reinstating)	DATE		
11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  NAME  NATALE, LEO  HO PLACK TYLE CT  CITY-ST-ZIP  MONMOUTH JCT NJ 08852  CITY-ST-ZIP  TITLE  Delete  TITLE  SEC  CITY-ST-ZIP  TITLE  SEC  CITY-ST-ZIP  TITLE  NAME  DIANE B. DE MOLA  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TRES  CITY-ST-ZIP  TRES  TRESTADORESS  CITY-ST-ZIP  TRES  TRE	Tax filing requirement and elects to do so. After MAY 1, 2001			r Fee will be \$550.0	Trust Fund			
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		ertify that the information supplied with	this filing does not qualify for		Section 119,07(3)(i). Flori	ida Statutes. I further	ertify that the ir	nformation

Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: