

2002 Uniform Business Report (UBR)

Principal Place of Business 1881 TRUE PORT OF PULS OF Business 2. Principal Place of Business Sulfa, Apr. #, etc. Sulfa, Apr. #, etc. Sulfa, Apr. #, etc. Sulfa, Apr. #, etc. City & State Cit	1. Entity Nam	MENT # P9700	0035263			04-01-2002 90 <i>6</i>	•		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Country Suite, Apt. #, etc. City & State Country Zip Country S. Cardificatio of Salata, Desired Sep 75, Additional Fee Required Sep 75, Additional Fee Repeated Sep 75, Addit	13S1 TRADE PORT OR PO BOX 1501					, sabiles, ils less taste spell spell spell set set being being spell spell sets			
City & State Country Country Country E. Cartificate of Status Desired S. Cartificate of Status Desired Sta	Principal Place of Business 3, Mailing Address					I ERENIBAU TID IBUK IEUTI BAKN BUKK BUKK ER	i i ili i ili i ili i	LX	
Specification of Status Desired S8.75 Additional S8.75 Additiona	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
8. Name and Address of Current Registered Agent Name . Supple	City & State City & State		4.		FEI Number 59-344 1237				
ELLERCER, FRANK 300 I SHRIPLY DR CALLAHAN FL 32011 City FL Zip Code SIGNATURE SIGNATURE SIGNATURE P. This corporation is eligible to satisfy its Intangible control to the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE P. This corporation is eligible to satisfy its Intangible control to the purpose agent and the if spicials. PILE NOW!!! FEE IS \$190.00 After May 1, 2002 Fee will be \$550.00 TRUE Fund Contribution. Added or Fees TITLE MAKE SITER ADDRESS CITY-S1-2P CHIEFLAND R. 32844 TITLE MAKE SITER ADDRESS CITY-S1-2P TITL	Zip	Country	Zip	Country	5. (Certificate of Status Desired			
ELERKER, FRANK 300 SHORLEY DR CALLAHAN FL 32011 E. 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 SEQUENCE Typed or primed name of registered space and tas ill explicable. PURSIFIED Conference and explicit is statement for the purpose of changing its registered office or registered agent accordance and task in explicable. PURSIFIED Conference and explicit is explicable. After Mary 1, 2002 Fee will be 3550,00 Make Chock Payable to Department of State After Mary 1, 2002 Fee will be 3550,00 Make Chock Payable to Department of State After Mary 1, 2002 Fee will be 3550,00 Make Chock Payable to Department of State ACC TITLE NOW! SINET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 THE NAME SINET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 THE NAME SINET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 THE NAME SINET ADDITIONS/CHANGES TO Change Addition NAME SINET ADDITIONS/CHANGES TO Change Addition THE NAME SINET ADDITIONS/CHANGES TO Change Addition NAME SINET ADDITIONS/CHANGES CONT.S. C.P. THE NAME SINET ADDITIONS/		6. Name and Address of Current	7. 1	'. Name and Address of New Registered Agent					
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 Signam, typed or presed name of ingitized agent and its if applicable. POTE Registered Agent approximately PATE									
SIGNATURE 9. This corporation is eligible to saliefy its Intangible contained agent and itself explicable. (POTE: Registered Agent acyra.ner required when reinstating) 9. This corporation is eligible to saliefy its Intangible contained in the first of social and the f	CALLAHAI	N FL 32011		City FL Zip Code					
TILE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	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) NOTE: Requirement FILE NOW!!! FE After May 1, 2002 F Make Check Payable to			!! FEE IS \$150.00 02 Fee will be \$550),00	10. Election Campaign Financing	\$5.0	O May Be	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition STREET ADDRESS CITY-ST-ZIP			DIRECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS A			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	و معادر معاد	☐ Delete	NAME STREET ADDRESS	=======================================		☐ Change	Addition	
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The state of the s	NAME Street address ' City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP					

SIGNATURE: 42

Devtime Phone #

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FILED
Jun 06, 2002 8:00 am