2002 UNIFORM BUSINESS REPORT (UBR)

 Entity Name 	MENT # P9700(USA, INC.	0036652				Secreta 02-21-2002 9		ate
	ce of Business GREEN PKWY., #7 FL 34209	Mailing Address 501 VILLAGE GREEN PKWY #7 BRADENTON FL 34209						
2. Principal F	Place of Business	3. Mailing Address				! 	I BARA BERKUT KARUB BARAB BARA	ik Oklika khan kaan
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	te	City & State			4.	FEI Number 65-0748479		pplied For
Zip	Country	Zip	Count		5.	5 Certificate of Status Desired \$8.75 Additional		Iditional
 	6. Name and Address of Current Re	egistered Agent			7.	Name and Address of New Reg	10011044111	30
				Name				
ENNIS, GENE C 501 VILLAGE GREEN PKWY., #7				Street Address (P.O. Box Number is Not Acceptable)				
BHADENI	TON FL 34209		City		· · · · · · · · · · · · · · · · · · ·		FL Zip Coo	e
8. The above	e named entity submits this statement for t	he purpose of changing it	s registere	ed office o	registered aç	gent, or both, in the State of Florid	a.	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registere	d Agent signate	ure required when r	einstating)	DATE	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.1 After May 1, 2002 Fee will be \$5 Make Check Payable to Department			50.00	10. Election Campaign Finan- Trust Fund Contribution.	· +	00 May Be d to Fees
11.	OFFICERS AND DI	RECTORS	12.			DDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PSTD- ENNIS, GENE C 501 VILLAGE GREEN PKWY., #7 BRADENTON FL 34209	☐ Delete			Kvesidei	nt and Director	⊠. Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Elizabe 501 Villa	esident and Director th A. Dauis ge green Parkway, # ton, FL 34209	☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Vice Pre	sident and Director L. Hogan, CPA age Green Parkway, ton, FL 34209	□ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
CITY-ST-ZIP 13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is transportation or the receiver or trustee empower, or on an attachment with an addies, with	ue and accurate and that	city- or the exer my signat	ST-ZIP nption stat ure shall h	ave the same	legal effect as if made under oat	n; that I am an officei	r or direc