2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050800

FILED May 09, 2002 8:00 am Secretary of State

	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3449997 5. Certificate of Status Desired \$8.75 / Fee Requested Agent \$8.75 / Fee Requested Agent Name	Applied For
Structurent Registered Agent. 3+1772 Script	
34772 OSCEOLA 34712 OSCEOLA 5. Certificate of Status Desired \$8.75 of Fee Required Agent. 6. Name and Address of Current Registered Agent. Name	Not Applicable 4
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	dditional
639 DROMEDARY COURT Street Address (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34759	_
City FL Zip Co	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Add	00 May Be ed to Fees
TITLE D Delete TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
NAME PIFER, VALERIE NAME STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34759 CITY-ST-ZIP	Addition Addition
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TITLE	Addition

SIGNATURE: SIGNATURE AND TYPED OR PRINTIP NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (407)870-557)