## **FILED**

## Mar 12, 2001 8:00 am Secretary of State

03-12-2001 90411 001 \*\*\*112.50 03-12-2001 90411 002 \*\*\*\*37.50

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

DOCUMENT # P97000057558

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Principal Place of Business

Mailing Address

3705 COMMERCIAL WAY

3705 COMMERCIAL WAY

SPRING HILL F	L 34605	SPRING HILL FL 34605								
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SP	ACE			
City & State		City & State		4.	FEI Number <b>59-3460705</b>		<u> </u>	oplied For at Applicable	]	
Zip	Country	Zip Country		ry	5.	Certificate of Status Desired		8.75 Add	litional	
<del> </del>	6. Name and Address of Current Registered Agent			7.	7. Name and Address of New Registered Agent					
GRIFFIN, C TERRY				Name		The life And Today of Them The	gioloida Ag			1
				Street Address (P.O. Box Number is Not Acceptable)					┨.	
	5 COMMERCIAL WAY ING HILL FL 34606		-							
				City	_		FL	Zip Cod	e	-
8 The above	named entity submits this statement for t	the oursoes of changing its	registere	d office or regis	torod ar	gent or both in the State of Flori	ida	l		1
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SIGNATURE.										
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered	Agent signature requi	ired when r	reinstating)	DATE			]
9. This corporation is eligible to satisfy its intangible		FILE NOW!!! FEE IS \$150.00		_	10. Election Campaign Financing \$5.00 May Be				1	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Sta			Trust Fund Contribution.			to Fees		
11.	OFFICERS AND D		12.			L DDITIONS/CHANGES TO OFFIC	SERC AND D	IDECTOR	2 INI 11	4
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NAME	GRIFFIN, C. TERRY	Delete	NAME				L.	Ondrigo		CR2E034 (10/00)
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CITY-ST-ZIP			CITY-	ST-ZIP						] 👸
TITLE	D	☐ Delete	TITLE					_ Change	☐ Addition	183
NAME	TYSON, RICHMOND		NAME			•				-
STREET ADDRESS	3705 COMMERCIAL WAY			T ADDRESS	l	0				
CITY-ST-ZIP	SPRING HILL FL 34606			ST-ZIP	10					-
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CITY-ST-ZIP				ST-ZIP						
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NAME :		☐ Delete	TITLE				L	_ onduge		

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 other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS