## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000059110

1. Entity Name

**FILED** Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90141 015 \*\*\*150.00

PEASE CORPORATION								
	DO NOT WRITE	IN THIS SE	PAC	Es.	Section States of the Control of the	600	13486	
	Place of Business NEWPORT LANE	3. Mailing Address	w a document					
Suite, Apt	1. #, etc.	Suite, Apt. #, etc.				DO NOT WRITI	E IN THIS SPA	ACE .
City & Sta	TE VEDRA BCH, FL	City & State				Number		Applied For
3208	- Country	Zip	-Coun	try -	-1-	1-3459434 ifficate of Status Desired		Not Applicable  1.75 Additional
4.0		l l			7. Name	and Address of Current F		e Required
				Name LAu				
	: DO:NOT WI	RITE:		Street Address (	P.O. Box	Number is Not Acceptable)	TERS	Ф <b>И</b>
	IN THIS SP	ΔCE	e de la		·			
				3010	5.	3rd Str		
18 - 5 - 18			20.20	City	とろん	VILLE BEACH	, FL	Zip Code ろみみ50
8. The above the obligation	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistere	d office or register	ed agent	or both, in the State of Flori	ida. I am famil	liar with, and accept
	<b>J</b>							]
SIGNATURE	Signature, typed or printed name of registered agent an	d title 4 applicable. (NOTE:	Registered	Agent signature required	whon rejects	fine)	DATE	
Ja	muary 12 May 1 Foo is \$150.00	A e. del		To a series of the series of t				
day of many to	After May 1, Fee is \$550.00		•			<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>	ncing	\$5.00 May Be Added to Fees
Make Chéck 10.	Chavable to Florida Department of S	tate*						Added to Fees
TITLE	OFFICERS AND D	IRECTORS	e see		Markey.		6200 A.S. & S.	Me No Company
NAME	Gary B. Pease		NAME					
STREET ADDRESS	104 Newport Lar	e	STREE	TADORESS   S. S.				
CITY-ST-ZIP	Porte Vedra Bear	CH 1FL 32082	xCII v	ST-ZIP, F. J. P. J. S. J				
TITLE NAME			TITLE	AND				
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CITY-ST-ZIP		4	CITY					Service Control
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NAME			NAME					
STREET ADDRESS			<b>第二国际公司</b>	ADDRESS		DO NATE		
CITY-ST-ZIP			Assert Co.	DO NOT WRITE				
TITLE NAME	_		TITLE NAME			IN THIS S	PACE	
STREET ADDRESS	·		200 18 77 200	ADDRESS 1				-
CITY-ST-ZIP			CITY	office of the Land of the				
TITLE			TITLES	100				

12. 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 10 or on an altachment with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR