FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT. (UBR)

FILED May 13, 2002 8:00 am Secretary of State

DOCUMENT # P9 70001089 8)				O5-13-2002 90154 011 ***150.00	
100 017.8	cet of willy	mh. Lee	"Or" KH"		
DO	NOT WRITE	IN THIS	CDACE		
		114 1111C	SPACE	- 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 64-089 1134 Applied For Not Applied Not	
Zip	Country	Zip	Country	An	
				5. Certificate of Status Desired \$8.75 Additional Fee Required	
<u>.</u>			- Name	7. Name and Address of Current Registered Agent	
	DO NOT W	RITE	- W	ark E Lec	
			Street Addres	ss (P.D. Box Number is Not Acceptable)	
	IN THIS SF	'ACE	103	7 Wulevar Menor	
			City V 2	15acola FL 2505561	
8. The above named en	itity submits this statement fo	r the purpose of chang	jing Its registered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE	od or printed name of registered agent a	•			
		***************************************	(NOTE: Registered Agent signature requ	ired when reinstating) DATE	
Tax filing requiremen	igible to satisfy its Intangible It and elects to do so.	Januar Afte	/ 1 - May 1 Fee is \$150.00 r May 1, Fee is \$550.00	10. Election Campaign Financing \$5.00 May Ro	
(See criteria on back) 🔲	I Am	ended UBR is \$61.25	Truct Fund Contribution	
11.	OFFICERS AND I	DIRECTORS	Payable to Department of S	tate	
TITLE Dir	rector		TITLE		
NAME W:1	ham L Lec	7.	NAME		
STREET ADDRESS CITY-ST-ZIP	Lakepointe	Drive	STREET ADDRESS		
FIFLE TO STATE	Lakepointe Lakepointe dison hs	3251	CITY-ST-ZIP	,	
NAME			TITLE		
STREET ADDRESS			NAME STREET ADDRESS	,	
CITY-ST-ZIP	•		CITY-ST-ZIP		
TITLE			TITLE		
IAME			NAME		
STREET ADDRESS			STREET ADORESS.	DOMOTIVADA	
IILE			CITY-SI-ZIP	DO NOT WRITE	
AME.			TITLE	IN THIS SPACE	
TREET ADDRESS			NAME STREET ADDRESS	III IIII SFACE	
TIY-ST-ZIP			CITY-ST-ZIP	1	
TLE			TITLE		
AME	•		NAME		
IREET ADDRESS			STREET ADDRESS		
			CITY-ST-ZIP		
TLE: AME			TITLE		
REET ADDRESS			NAME		
TY-ST-ZIP			STREET ADDRESS CITY-ST-7IP		
I hereby certify that the indicated on this report of the corporation or the corpora	e information supplied with th t or supplemental report is tri	is filing does not quali ue and accurate and t		ection 119.07(3)(f). Florida Statutes. I further certily that the information same lagal effect as if made under oath; that I am an officer or director	