

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90011 041 ***150.00

DOCUMENT # P98000006916

1. Entity Name
ONE HUNDRED PERCENT, INC.

| | |
|--|--|
| Principal Place of Business 185 CYPRESS POINT PKWY SUITET 4 PALM COAST FL 32164 | Mailing Address 185 CYPRESS POINT PKWY SUITET 4 PALM COAST FL 32164 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|---------------------------------------|---------|---------------------------------------|---------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3488910 | | Applied For |
| Suite, Apt. #, etc. Suite 4 | | Suite, Apt. #, etc. Suite 4 | | City & State | | Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| VOST, MARK 185 CYPRESS POINT PKWY SUITE 4 PALM COAST FL 32164 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |

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 **MARK R. Vost V.P. Operations 3/4/02**
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---------------------------------|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V VOST, MARK 103 BRUSHWOOD LANE PALM COAST FL 32137 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NIEMINEN, SCOTT K 18 FANWOOD CT PALM COAST FL 32137 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: **MARK R. Vost V.P. Operations 3/4/02 447-3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)