FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP	DOCUMENT # P9800000 9460 /					05-15-2002 90082 029 ***150.00		
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ALVA FL 210 33920 Country 33920 Country 1 S. Certificate of Status Desired S. T. Name and Address of Current Registered Agent Fast Recounted T. Name and Address of Current Registered Agent Fast Recounted To Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 21631 N. Rivel RD City ALVA FL 210 2393920 S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Sig	21631	N. RIVER KD		ver	RP.	DO NOT WRITE IN THIS S	SPACE	
33920 Courty 34024 Courty 3504 Address of Current Registered Agent Author Name FA STEWACT Street Andress (P.O. Box Number is Not Acceptable) City AUA 8. The above named entity submits this statement for the purpose of changing its registered agent, or bont, in the State of Horida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or bont, in the State of Horida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or bont, in the State of Horida. 8. The above named entity submits this statement for the purpose of changing fire to registered agent, or bont, in the State of Horida. 8. The above named entity submits this statement for the purpose of changing fire to registered agent, or bont, in the State of Horida. 8. The above named entity submits this statement for the purpose of changing fire to registered agent, or bont, in the State of Horida. 8. The above named entity submits this statement for the purpose of changing fire to registered agent, or bont, in the State of Horida. 8. The above named entity submits this statement for the purpose of changing fire to the form of the purpose of changing fire to the purpose of chang								
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. SIGNATURE Symans, sport or private time of registered agent, or both, in the State of Horida. SIGNATURE Symans, sport or private time of registered agent and time temperated. 10. This corporation is eligible to sainsfy its intengible Tax filling requirement and elects to do so. 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing 17. OFFICERS AND DIRECTORS 18. Election Campaign Financing 18. Election Campaign Financing 18. Election Campaig					P.O. Box Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Square, figured or printed name of registered agent and the depth of the purpose of changing its registered agent, or both, in the State of Florida. 8. This corporation is eligible to satisfy as that name the figure of the purpose of changing for the purpose of the	2	IN IFIG SP	ACE		21631	N, River RD		
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8. This corporation is eligible to satisfy its Intangular Tax filling requirement and elects to do so. (See criteria on back) THE OFFICERS AND DIRECTORS THE								
Tax filing requirement and elects to do 50. (See criteria on back) The management of State 11. OFFICERS AND DIRECTORS THE MAKE JAY STEWART STRET ADDRESS COTY-ST-2P TILE MAKE DANALD STEWART STRET ADDRESS COTY-ST-2P TILE MAKE S								
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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 is prue 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 on an attachment with an address, with all other like empowered.								