

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010869
1. Entity Name

99-00 DR

APPROVED AND FILED

00 FEB -8 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
698 Long Lake Drive
Oviedo, Florida 32765

Mailing Address
698 Long Drive
Oviedo, Florida 32765

2. Principal Place of Business
698 Long Lake Drive
Suite, Apt. #, etc.

3. Mailing Address
215 North Eola Drive
Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Orlando, FL

Zip
32765

Country
USA

Zip
32802

Country
USA

4. FEI Number
59-3492488

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Thomas J. Freese
698 Long Lake Drive
Oviedo, Florida 32765

7. Name and Address of New Registered Agent

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

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, 2000 Fee will be \$650.00
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

TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	Thomas J. Freese 698 Long Lake Drive Oviedo, Florida 32765	<input type="checkbox"/> Delete
TITLE VST/D NAME STREET ADDRESS CITY-ST-ZIP	Arlene R. Freese 698 Long Lake Drive Oviedo, Florida 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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***300.00 ***300.00

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: Thomas J. Freese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas J. Freese, President

1/21/2000 407-366-8646
Date Daytime Phone #