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

## May 21, 2002 8:00 am Secretary of State DOCUMENT # P98000011727 05-21-2002 91236 038 \*\*\*150.00 GANE NINE INC 000460 DO NOT WRITE IN THIS SPACE 3. Mailing Address S565 MUIRFIELD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4RE WORTH Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE MUIRFIELD 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 (NOTE, Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP DITLE NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE IN THIS SPACE TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 supplied with this hims does not quality to the exemption stated in Section 113.07(3)(), Fronta Statutes. Further centry that the monitorindicated 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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

BILE NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

NAME

**FILED**