UNRISE FL 3322     SURRISE FL 3322     If U U A 1 4'       2. Principal Place of Business     9. Ma ling Address     Do NOT Write IN THIS SPACE       City & State     4. FEI Number 65-0820418     Applied For Park Applied       Zip     Country     Zip     Country       Zip     Country     Zip     Country       State Applied For Park Applied     State Applied For Park Applied     State Applied For Park Applied       Attwood, BARBARA 3713 WINAER DET, APT 1525 FORT MYERS FL 33911     Zip     Country       State Applied For Park Applied     Martine For Applied For Park Applied     None and Address of New Registered Appril       Attwood, BARBARA 3713 WINAER DET, APT 1525 FORT MYERS FL 33911     FL     Zip Code Park Applied       State Applied For Park Applied     Park Applied     Park Applied       Barne Address of Ores range and applied For Park Applied     FL     Zip Code Park Applied       Barne Address of Ores range and entity about its into stately its intransport     FL     Zip Code Park Applied       Barne Address of Ores range and applied to applied Totae     FL     Zip Code Park Applied       Barne Address of Ores range and applied to applied Totae     FL     Zip Code Park Applied       Barne Address of Ores range and applied to applied Totae     FL     Zip Code Park Applied       Barne Address of Ores range and applied to applint     FL     Zip Code Park Applied	1. Entity Nam	1 UNIFORM BUS MENT # P980000	)23702			Mar 22, 20 Secretary 03-22-2001 90061	of Sta	ate
UNRISE FL 3322     SURGE FL 3322     JUNISE FL 3322     JUNISE FL 3322       2. Principal Piece of Business     9. Mating Address     DO NOT Write IN THE SPACE       City & State     City & State     City & State     DO NOT Write IN THE SPACE       City & State     City & State     City & State     Principal Piece of Business       Zp     Country     Sute, Apt #, etc.     DO NOT Write IN THE SPACE       City & State     City & State     Principal Piece of Business     Sute, Apt #, etc.       Zp     Country     Sute, Apt #, etc.     DO NOT Write IN THE SPACE       Zp     Country     Sute, Apt #, etc.     Mark Address of Durrent Registered Agent       ATWOOD, BARBARA 3713 WINLER EXT. APT 1525 FORT MIRES FL 33911     Prince Address of Country     Neme and Address of New Registered Agent       Silent Address of Durrent Registered agent write a subtement for the purpose of changing its regetered agent write subtement for the State of Floatia       Silent Address of Durrent Registered agent write ag	Principal Plac	ce of Business	Mailing Address					
Suite. Apt. #. etc.     Do Not Write Is in the state and interest and in the state	0640 NW 26TH PL UNRISE FL 33322					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City & State City	2. Principal F	Place of Business	3. Mailing Address					
Zp         Country         Zip         Country         S. Cartificate of Status Desired         More Proceeding of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Zip       Country       Zip       Country       5. Cardificate of Status Desired       \$5.75 Antibinate Fee Required         6. Mame and Address of Current Registered Agem       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         ATWOOD, BARBARA 3713 WINALER EXT. APT 1525 FORT MYERS FL 33911       Image and Address of New Registered Agent       Image and Address of New Registered Agent         Street Address (PD, Dex Number is Not Acceptable)       Street Address (PD, Dex Number is Not Acceptable)       Street Address (PD, Dex Number is Not Acceptable)         Street Address (PD, Dex Number is Not Acceptable)       Street Address (PD, Dex Number is Not Acceptable)       Street Address (PD, Dex Number is Not Acceptable)         Street Address (PD, Dex Number is Not Acceptable)       FL       Zip Code         Street Address (PD, Dex Number is Not Acceptable)       Street Address (PD, Dex Number is Not Acceptable)       Ditt         Street Address (PD, Dex Number is adjuble to satisfy its Numption       Atter MAY 1, 2001 Fee with the State of Floreds.       Ditt         Text timp acceptable to satisfy its Numption       Atter MAY 1, 2001 Fee with the State of Floreds.       State Address (PD, Dex Number is Not Acceptable)       Address (PD, Dex Number is Not Acceptable)         Int Exercise       OrFICERS AND DIFECTORS       Its Number is Not Acceptable (PD Exercise 1)       Its Number is Not Acceptable (PD Exercise 1)       Countre is Not Acceptable (PD Exercise 1)	City & State		City & State		4.			
6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address o	Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional
ATWOOD, BARBARA 3713 WINALER EXT. APT 1925 FORT MYERS FL 33911		6. Name and Address of Current	Registered Agent	<u>\$8</u>	7.	Name and Address of New Registe	<u>_</u>	
A, The above named entity submits this statement for the purpose of changing its registered office or registered agea), or both, in the State of Florida.      SiGNATURE      gradue, speed o preservand theil ageabable.     (NOTE "negleteed Agea i uputure necled alex notitititity)     OATE      Signature, speed o preservand theil ageabable.     (NOTE "negleteed Agea i uputure necled alex notititity)     OATE      Signature, speed o preservand theil ageabable.     (NOTE "negleteed Agea i uputure necled alex notititity)     OATE      Signature, speed o preservand theil ageabable     (NOTE "negleteed Agea i uputure necled alex notititity)     OATE      Signature, speed o preservand theil ageabable     (NOTE "negleteed Agea i uputure necled alex notititity)     OATE      (See criteria on back)     (D)     (Election Campaign Financing     S5.00 May Bea     Addit     Signature, speed o Department of State     (D)     (Change X Addit     Sinet Address     (See Criteria ADD DIRECTORS I     (Note     Sinet Address     (See Criteria ADD DIRECTORS III)     (Change X Addit     Sinet Address     (See Criteria ADD DIRECTORS III)     (Change X Addit     Sinet Address     (See Criteria ADD DIRECTORS III)     (Change X Addit     Sinet Address     (See Criteria ADD DIRECTORS III)     (Change X Addit     Sinet Address     (See Criteria AD	3713	3 WINALER EXT. APT 1525		Street A	ddress (P.O.	Box Number is Not Acceptable)		
Tax filing: requirement and elects to do so.       After MAY 1, 2001 Fee will be \$55.00       No. Election Carificity in Filing requirement (and elects to do so.       \$5.00 May Be (added to Fees)         (See criteria on back)       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.         Inte       D       Attwo Directors       Inte:       Added to Fees         ATWOOD, BARBARA       Delde       Inte:       Additions       Additions         ATWOOD, BARBARA       Delde       Inte:       NAME       State: ADDRESS       Builde       Change       Additions         ATT WOOD, BARBARA       STRET ADDRESS       CITY-ST-ZP       CITY-ST-ZP       Builde       Change       Additions         Inte:       Delde       Tht:       NAME       STRET ADDRESS       CITY-ST-ZP	SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered Agent signa	ture required when	reinstating) D/		
ITLE       Delete       TITLE       NAME       Change       Additi         INTERT ADDRESS       3713 WINKLER EXT. APT. 1525       SIREET ADDRESS       BVGO       Seacon       Sixed       Sireet Address       BVGO       Seacon       Sixed       Additi         ITLE       Additi       Itle       Itle </th <th>Tax filing i (See criter</th> <th>requirement and elects to do so. eria on back)</th> <th>After MAY 1, 20 Make Check Payat</th> <th>01 Fee will be \$ ble to Departmer</th> <th>550.00 nt of State</th> <th>Trust Fund Contribution.</th> <th></th> <th>to Fees</th>	Tax filing i (See criter	requirement and elects to do so. eria on back)	After MAY 1, 20 Make Check Payat	01 Fee will be \$ ble to Departmer	550.00 nt of State	Trust Fund Contribution.		to Fees
IntLE WAVE STREET ADDRESS STREET ADD	TITLE NAME	D ATWOOD, BARBARA 3713 WINKLER EXT. APT. 1525		TITLE NAME		Beren Blud.	Change	Addition
NAME       STREET ADDRESS         JTY-ST-ZIP       ITTLE         ITTLE       Delete         STREET ADDRESS       ITTLE         STREET ADDRESS       ITTLE         OCTY-ST-ZIP       Change         Additi       Additi         STREET ADDRESS       STREET ADDRESS         OTTY-ST-ZIP       Change         ITTLE       Delete         ITTLE       Delete         ITTLE       Change         Additi       STREET ADDRESS         OTTY-ST-ZIP       Change         ITTLE       Delete         ITTLE       Change         Additi       Additi         NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete         NAME       STREET ADDRESS         STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete       TTLE         NAME       STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete       TTLE         NAME       STREET ADDRESS       CITY-ST-ZIP		FORT MYERS FL 33916		CITY-ST-ZIP	Fort	Mess, FL 3390	27	
NAME       NAME         TREET ADDRESS       STREET ADDRESS         ITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         TREET ADDRESS       STREET ADDRESS         TREET ADDRESS       CITY-ST-ZIP         TREET ADDRESS       STREET ADDRESS         TITLE       Delete         TITLE       CITY-ST-ZIP         TITLE       Delete         TITLE       CITY-ST-ZIP         TITLE       Delete         TITLE       Delete         TITLE       Delete         TREET ADDRESS       CITY-ST-ZIP         TITLE       Delete         TITLE       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       Delete         TITLE       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         TITLE       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         3. 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 eath; that I am an officer or director director director director director director director director directo	ITY-ST-ZIP ITLE IAME ITREET ADDRESS	FORT MYERS FL 33916	Delete	TITLE NAME STREET ADDRESS	Fort	myer5, FL 3390		Addition
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AME TREET ADDRESS ITY-ST-ZIP 3. 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 path; that I am an officer or director	ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS	FORT MYERS FL 33916	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Forter		Change	
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 directo	ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TLE AME TLE AME	FORT MYERS FL 33916	Delete     Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Fort		Change	Addition
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