2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \(\frac{1}{2}\)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Principal Place of Business 45 WEST OSCEOLA ST STUART R. 34994 2. Principal Place of Business Suite. Apr. 4, etc. Cry & State Cry & State Cry & State County 2p County 2p County 5. Certificate of States Desired 6. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 9. The above remed on thy submits this determent for the purpose of changing its registered coffice or registered agent, or both, in the State of Floridg. 8. The above remed on thy submits this determent for the purpose of thanging its registered coffice or registered agent, or both, in the State of Floridg. 8. The above remed on thy submits this determent for the purpose of changing its registered coffice or registered agent, or both, in the State of Floridg. 8. The above remed on thy submits this determent for the purpose of changing its registered coffice or registered agent, or both, in the State of Floridg. 9. This corporation is religious benefity in triang bits face from of majority agent and the interpretation of back) FILE NOW/III FEE IS \$150.00 Mater May 1. 200. Certification on back) 10. Election Campaign Financing Addition Fee's ADDITIONS/C-ANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/C-ANGES TO OFFICERS AND DIRECTORS IN 11 FL. MAKE STORMS 13. Crist Addition Fee's 14. Date of The Addition Back Storms In Test State	DOCUMENT # P98000027160 1. Entity Name ALBERT G., INC.				Secretary of State 01-31-2002 90006 035 ***150.00		
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Suite, Apt. 8, etc. City & State City & FL Zio Code City FL Zio	2. Principal P	Place of Business	3. Mailing Address				
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Country Zip Country S. Certificate of Status Desired S.7.5 Additional For Required*	City & State		City & State				
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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.	13. I hereby of indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empor	true and accurate and that my s wered to execute this report as	e exemption stated in S signature shall have the	e same legal effect as if made under oath; that I a	m an officer or director	

1-15-02

President

Date

561-220-0316

Daytime Phone #