2000 UNIFORM BUSINESS REPORT (UBR)

CHMENT # DOOOOOOOAA

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its intangible

MERRILL, BRYAN

OCALA FL 34474

2816 SW 19TH COURT

Tax filing requirement and elects to do so.

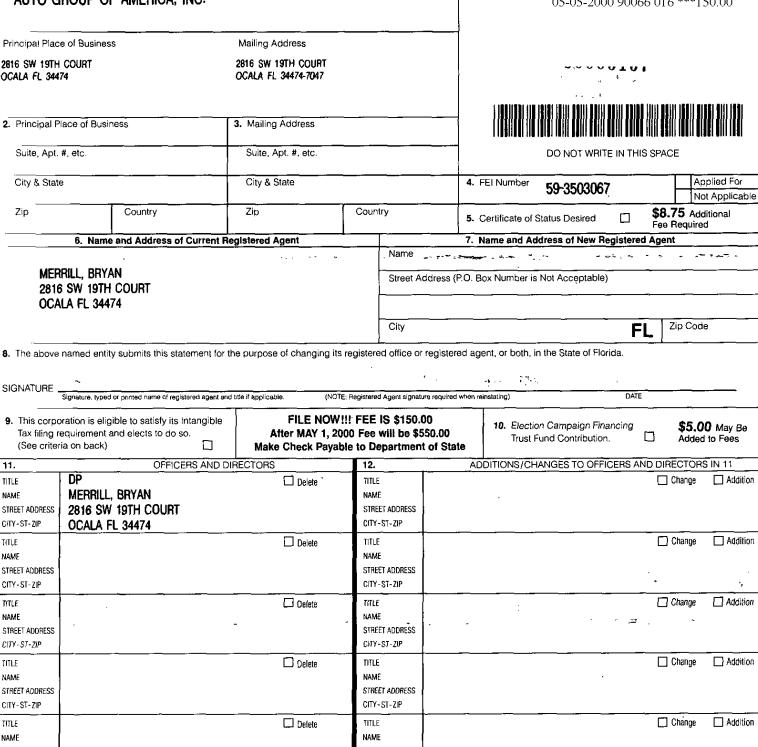
(See criteria on back)

DP

Principal Place of Business 2816 SW 19TH COURT OCALA FL 34474 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 2816 SW 19TH COURT OCALA FL 34474-7047 3. Mailing Address Suite, Apt. #, etc. City & State				
					}	
					4. FEI Num	
				4. FEIN		
Zip	Country	Zip	Country	5. Certi	fica	
- 6	i. Name and Address of C	urrent Registered Agent	<u> </u>	7. Name	e aı	

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90066 016 ***150.00



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 material have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this eport as Aquired 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.

CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

Atter MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

SIGNATURE

11.

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☐ Change

☐ Addition

CR2E034 (9/99