2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 29, 2001 8:00 am Secretary of State

DOCUMENT # PUBLIC 1. Enlity Name	U032011	7	08-29-2001 90007 010		
Principal Place of Business 1625 A Gulf +0 Bay Clearwater FL 33755	Inc. Mailing Address +1625 Gulf	to Bay B	Bud numeroz		
2. Principal Place of Business	Clearwates 13. Mailing Address	to Bay B	\$5		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPAC	E	
City & State Clear water	City & State		4. FEI Number 59 – 35/4 339	Applied For Not Applicable	
Zip Country	Zip	Country	5 Certificate of Status Desired 7 \$8.	75 Additional Required	
6. Name and Address of Current	Registered Agent >	Name	7. Name and Address of New Registered Agen		
Robert F Dimarco 3444 E. Lake Rd #412 Palm Harbor FL 34685		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
Do los Hacker F	2 34685				
Factor Tractor	·	City	FL ^z	ip 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 partied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	and title if applicable. (NOTI	E: Registered Agent signature require	ed when reinstaking) DATE		
	After MAY 1, 20	E Registered Agent algorithm requirement of the State of	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so.	After MAY 1, 20 Make Check Payab	III_FEE.IS.\$150.00 IO1 Fee will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	Added to Fees	
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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(3Xi). 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.

NATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR BURECTOR VAN HO 8-4-01

(727)562517