SIGNATURE: \_

	MENT	# P980		1 <b>ESS REPO</b> 033925	RT	(UBI	R)	FILED Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90050 003 ***150.00	0519751 AV
Principal Place of Business 5638-5660 JASON LEE PLACE STE 5 SARASOTA FL 34233 US				Mailing Address 5013 FIELDING LANE SARASOTA FL 34233 US					
2. Principal F Suite, Apt		Mailing Address  Suite, Apt. #, etc.							
								DO NOT WRITE IN THIS SPACE	_
City & State				City & State			4.	I. FEI Number 65-0840746 Applied For Not Applicable	-
Zip Country				Zip	try	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Cui	rent Reg	jistered Agent		Name	7.	. Name and Address of New Registered Agent	1
ROSER, M	LLA DR					Street A		Hiroslav  D. Box Number is Not Acceptable)	
SARASOTA FL 34231						<u>-50</u> కుం	trasc	ota FL Zincode 34233	-
8. The above	lı	y subshits this statement				ed office or	registered a	agent, or both, in the State of Florida.  In reinstating)  DATE	
Tax,filing		ble to satisfy its Intan and elects to do so.	gible	FILE NOW! After May 1, 20 Make Check Payab	02 Fee	will be \$5	50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
11.		OFFICERS .	AND DIR	ECTORS	12.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D ROSER, RI 1600 STEL SARASOTA	la drive		☐ Delete	- 61		DOSE SO13 SO13	Change Addition  Price Vita Vita Vita Lane  Asofa FC 34233	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MIROSLAV 1600 STEL SARASOTA	LA DR		☐ Delete	l1	1	PST Hiros	Change Addition slav Roser Fielding Lane asola FC 34233	ឌ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	III.			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	ll l			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- II	T ADDRESS ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	Ш	T ADDRESS ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report poration or th	i or supplemental rep e receiver pr trustød e	ort is fjue empower	e and accurate and that m	ny signati as requir	ire shall ha	ave the same	in 119.07(3)(i), Florida Statutes. I further certify that the information le legal effect as if made under oath; that I am an officer or director orida Statutes; and that my name appears in Block 11 or Block 12 if	

Date

Daytime Phone #