## FOR PROFIT CORPORATION 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2002 8:00 am Secretary of State

SIRET ADDRESS CITY ST-ZP  TITLE NAME SIRET ADDRE	DOCUMENT#  1. Enlity Name  JR Proceeds, J	ne. 7980	00003	
Suite, Ags. 4 cc.  Suite, Ags. 4 cc.  Suite, Ags. 4 cc.  Cory 4 South Cory 4 South Cory 4 South Cory 4 South Cory 5 South San Country San	Principal Place of Business	3. Mailing Address		
S. Couling   S. South Department of the Proposition   S. South State   S. Couling	Suite, Apt. #, etc.	Suite, Apt. #, etc.	LE	DO NOT WRITE IN THIS SPACE
The store named entity submits the statement for the purpose of changing its registered agent, or both, in the Store of Portice.  Signature:  Special special provided by its handles the statement for the purpose of changing its registered adjust or registered agent, or both, in the Store of Portice.  Signature:  Special special provided by its handles the statement for the purpose of changing its registered adjust or registered agent, or both, in the Store of Portice.  Signature:  Special special provided by its handles the statement for the purpose of changing its registered adjust or registered agent, or both, in the Store of Portice.  Signature:  Special special provided by its handles the statement for the purpose of changing its registered adjust or registered agent, or both, in the Store of Portice.  Signature:  Special special provided by its handles in the supplemental adjust on the capture.  Make The Store of Store of Store of Portice Campsign Flancing  Thus Fund Committee on the Store of Store of Portice Campsign Flancing  Thus Fund Committee of Store  Animal Store of Store	Zip Country		Country	65-08/30 8   Not Applicable
8. The choice named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Forcia.  SIGNATURE  Syntax, point a protein seem of imprimed agent and the Experior.  9. This corporation is elliptible to satisfy its intengrible. The state of the state of Forcia.  All the May 1. Fee 18 \$150.00.  Amended LIBR is \$50.00.  This Syntax Fund Commbusion.  And Syntax Fund Commbusion.  The Syntax Fund Commbus.  The Syntax Fu		RITE		7. Name and Address of Current Registered Agent  EPIC A SIMON
SIGNATURE  Signature, lighted to percent where diregistered agent and state displacable  POTE Regulatory (1. May 1. Fee Lis \$150.00).  After May 1. Fee Lis \$150.00.  After May 1. Fee Lis \$150.00.  Amended UBR is \$81.25.  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  THE  NAME  STEEL ADDRESS  CITY 57-7P  LAWLED L			Pa	
Tax filing requirement and elects to do so	SIGNATURE	tide of applicable. (NOTE: F	Registered Agent Reprint	वापान तन्त्रपृतिस्थ when reinstating) DATE
THE JAMES REISS 40 MAY SIST ADDRESS CITY-ST-7P LAW ENDARGE FL 33300 CITY-ST-7P LAW ENDARGE FL	Tax filing requirement and elects to do so. (See criteria on back)	After May 1, Amended Make Check Payable	, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be
SIRET ADDRESS CITY ST-ZP  TITLE NAME SIRET ADDRE	NAME JAMES REISS STREET ADDRESS 53.10 NW 33 A	s do	NAME STREET ADDRESS	CR2E034B (12/01)
NAME SIRET ADDRESS CITY ST-ZIP  DO NOT WRITE  TITLE NAME SIRET ADDRESS CITY ST-ZIP  TITLE NAME SIRET ADDRESS	ITILE NAME STREET ADDRESS CITY - ST - ZIP	E FC 55509	NAME STREET-ADDRESS	
MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY, STEZIP:	Characteristics and the second
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS	NAME STREET ADDRESS CITY-SI-ZEP		NAME STRUT ADDRESS: CHY-SY-ZIP	IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 on an execution of the corporation of the corporation of the corporation of the corporation of 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 on an execution of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an execution of the corporation of the corporation of the receiver of trustee empowered.	NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
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 on an	NAME STREET ADDRESS CITY-ST-ZIP  13 ThereNot control to the information and the control to the information and the control to the information and the control to the contro	filing stope for a large to	NAME STREET ADDRESS CATY ST. ZIP	The state of the s
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Of Date Officer of Director	of the corporation or the receiver or trustee empowe attachment with an address, with all other like empowers that the state of the corporation of	red to execute this report as	exemption stated ignature shall have required by Cha	A 30 - 02 954 731 3350