## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2002 8:00 am Secretary of State

DOCUMENT # P98000048641  1. Entity Name					04-29-2002 90083 031 ***150.00		
	E HINNEBUSCH, P.A.	V					
	DO NOT WRITE	IN THIS S	PACE				
•	Place of Business	3. Mailing Address					
105 8th St South Downstairs 105 8th St. Sc Suite, Apt. #, etc. Suite, Apt. #, etc.			South Do	h Downstairs  DO NOT WRITE IN THIS SPACE		CE	
City & Sta		City & State		4. FEI Number		Applied For	
Braden Zip	radenton Beach, FI. Bradenton Beac			65-0	0851485	Not Applicable	
34217	^ Manatee	34217	Country Manate	5. Certificate of		.75 Additional Required	
				7. Name and Add	ress of Current Registered Ag		
•	DO NOT W	الله الله المرا	Nai	<sup>ne</sup> <u>Rosie Hinnebusc</u> ł	···-		
DO NOT WRITE				et Address (P.O. Box Number is	Not Acceptable)		
	IN THIS SP	ACE	,	2102 6th Street			
	v .		Cin				
·		<u></u>	.   (11)	Sarasota		<sup>Zin Code</sup> 34237	
8. The above	e named entity submits this statement for	the purpose of changing its	registered offic	e or registered agent, or both, i	n the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	id title # applicable. (NOTE	E: Registered Agent	ignature required when reinstating)	DAYE		
9. This corne	oration is eligible to satisfy its Intangible	January 1 - M			DAIL.		
-Tax filing r	requirement and elects to do so.	After May	1, Fee is \$55	).00 10. Election	n Campaign Financing	\$5.00 May Be	
(See criter	ria on back)	Make Check Payab	d UBR is \$61 lie to Departr	25   Irust F nent of State	fund Contribution.	Added to Fees	
11.	OFFICERS AND D						
TITLE NAME	PD		- TITLE				
STREET ADDRESS	Hinnebusch, Rosie		NAME STREET ADDR	· ·			
CITY-ST-ZIP	2102 6th Street	_	CITY-ST-ZIP	~			
TITLE	Sarasota, FL 34237	7	TITLE				
NAME			NAME		÷		
STREET ADORESS CITY-ST-ZIP			STREET ADDRE	55	•		
TITLE			CITY-ST-ZIP				
NAME			TITLE NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE			TITLE		·		
NAME ETOGET ADDRESS			NAME.			* -	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	is		,	
TITLE		<u> </u>	CITY-ST-ZIP		<u> </u>		
NAME ~ .		•	TITLE NAME			1	
STREET ADDRESS	St. 5-43 - 1-45		STREET ADDRES	<b>s</b>		,	
autor as the file		the state of the s	_	The second secon		4	
CITY-ST-ZIP	್ ುತ್ತಿಪ್ಪಿಗೆ ertify that the information supplied with th on this report or supplemental report is to	<u> </u>	CITY-ST-ZIP			1	

Rosie Hinnebusch