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

## FILED May 27, 2002 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 1102 BEN FRANKLIN DR.  3. Mailing Address 1102 BEN FRANKLIN DR.  Suite, Apt. #, etc. APT. 307  City & State SARASOTA, FL  SARASOTA, FL  Zip Country 34236  U.S.  3. Mailing Address 1102 BEN FRANKLIN DR.  Suite, Apt. #, etc. APT. 307  City & State SARASOTA, FL  Zip Country 34236  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  DO NOT WRITE IN THIS SPACE  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutered agent and little if explicable.  Signature, typed or proteed rame of migutere
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Suite. Apt. #, etc. APT. 307 APT. 307 City & State SARASOTA, FL SARASOTA SET STANDARD
City & State SARASOTA, FL SARASOTA SIGNATURE IN THIS SPACE  DO NOT WRITE IN THIS SPACE    Name and Address of Current Registered Agent   VERNON J. COLE   SARASOTA   FL   Sip Code
Country   Coun
DO NOT WRITE IN THIS SPACE    The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when rainstating)   DATE
DO NOT WRITE IN THIS SPACE  Street Address (PO. Box Number is Not Acceptable) 1102 BEN FRANKLIN DR., APT. 307  City SARASOTA FL Zip Code 34236  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. DIRECTOR OFFICERS  12. DIRECTOR OFFICERS  13. DIRECTOR OFFICERS  14. DIRECTOR OFFICERS
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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(3)(i), 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 appears in Block 11 or or an attachment with an address, with all other like empowered.
SIGNATURE: SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR  Date 041) 388-2814  Date 0413(0.7) Daytime Phone #
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