FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.    Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 3. Mailing Address 8920 12TH AVE N.W Suite, Apt. #, etc.  City & State BRADENTON, FL Zip 34209 USA  DO NOT WRITE IN THIS SPACE  3. Mailing Address 3. Mailing Address 3. Mailing Address 4. FEI Number 65-0865508 DO NOT WRITE IN THIS SPACE  Applied For Not Applied 55-0865508 Not Applied 65-0865508 Not Applied 7. Name, and Address of Cyrrent Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and scept the obligations of registered agent.  SIGNATURE
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 8920 12TH AVE N.W Suite, Apt. #, etc.  City & State BRADENTON, FL Zip Country 34209  DO NOT WRITE IN THIS SPACE  Secretary OF STATE TALLAHASSEE, FLORIDA  BOULD 15870728  04/15/0301002025 **150,00  **150,00  Applied Fo DO NOT WRITE IN THIS SPACE  City & State BRADENTON, FL Zip Country Street Address of Current Registered Agent  Name And Address of Current Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City City City City City City City Cit
DO NOT WRITE IN THIS SPACE  7. Principal Place of Business 8920 12TH AVE N.W Suite, Apt. #, etc.  City & State City & State BRADENTON, FL Zip 34209  DO NOT WRITE IN THIS SPACE  Required  P.O. BOX 14428 Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  Applied Fc Not Applied Fc Required  Street Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  City & State Address of Current Registered Agent  Name  City City City City City City City City City
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 8920 12TH AVE N.W Suite, Apt.#, etc.  City & State City & State BRADENTON, FL Zip 34209  DO NOT WRITE IN THIS SPACE  Suite, Apt. #, etc.  Country Sip 34280-4428  DO NOT WRITE IN THIS SPACE  Not Applied For Not Applied For Required  Name Street Address, of Current Registered Agent  Name City Street Address, of Current Registered Agent  Name City City City City City City City City
2. Principal Place of Business 3. Mailing Address B920 12TH AVE N.W P.O. BOX 14428 Suite, Apt #, etc.  City & State BRADENTON, FL Zip Country 34209 USA  DO NOT WRITE IN THIS SPACE  City & State BRADENTON, FL Zip Country Street Address of Cyrrent Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  Name City City City City City City City City
Suite, Apt. #, etc.  City & State  BRADENTON, FL  Zip  Country  Jay  Country  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  Applied For  Street Address (P.O. Box Number is Not Acceptable)  City  Country  FL  Zip Country  FL  Zip Country  FL  Zip Country  FL  Zip Country  City  C
Suite, Apt. #, etc.  City & State  BRADENTON, FL  Zip  Country  Jay  Country  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  Applied For  Street Address (P.O. Box Number is Not Acceptable)  City  Country  FL  Zip Country  FL  Zip Country  FL  Zip Country  FL  Zip Country  City  C
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  34209  DO NOT WRITE IN THIS SPACE  Country  To Name, and Address of Cyrrent Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Not Applied For Status Desired  Fee Required  7. Name, and Address of Cyrrent Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  Ci
City & State  City & State  City & State  City & State  Country  Zip  Country  34209  Country  City  C
BRADENTON, FL  Zip  Country  Jip  Country  Jip  Country  Street Address (P.O. Box Number is Not Acceptable)  BRADENTON, FL  Street Address (P.O. Box Number is Not Acceptable)  City  R  Zip  Country  Street Address (P.O. Box Number is Not Acceptable)  City  R  Zip  Country  Street Address (P.O. Box Number is Not Acceptable)  City  R  Zip  City  R  Zip  City  R  Zip  Country  Street Address (P.O. Box Number is Not Acceptable)  R  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  R  Signature
BRADENTON, FL  Zip  Country  Jip  Country  Jip  Country  Street Address (P.O. Box Number is Not Acceptable)  BRADENTON, FL  Street Address (P.O. Box Number is Not Acceptable)  City  R  Zip  Country  Street Address (P.O. Box Number is Not Acceptable)  City  R  Zip  Country  Street Address (P.O. Box Number is Not Acceptable)  City  R  Zip  City  R  Zip  City  R  Zip  Country  Street Address (P.O. Box Number is Not Acceptable)  R  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  R  Signature
Zip Country 34209 USA 34280-4428 USA  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. I am familiar with, and accept the obligations of registered agent.  Signature  To country  Street Address (P.O. Box Number is Not Acceptable)  City Country  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Country  Street Address (P.O. Box Number is Not Acceptable)  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. I am familiar with, and accept the obligations of registered agent.
DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL Zip Con 4400  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE
DO NOT WRITE  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Co3 440  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE
B. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE
IN THIS SPACE  City  City  FL Zip Con 4409  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE
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accept the obligations of registered agent.  SIGNATURE
SIGNATURE
Signature, Typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be
Amended UBR is \$61.25 Trust Fund Contribution.   Added to Fees
Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS  TITLE PRESDIDENT  TITLE
NAME DANIEL MCKAY NAME
STREET ADDRESS 8920 12TH AVE N.W STREET ADDRESS
CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP
TITLE VICE PRESIDENT TITLE
NAME ROBERT M NACKOUL NAME
STREET ADDRESS 37 POLLOCK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
CITY-ST-ZIP PITTSFIELD, MA 01201 CITY-ST-ZIP
NAME NAME
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP
TITLE IN THIS SPACE
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12. 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 eath; that I am an officer or direct
of the corporation or the deceiver or trustee impowered to execute this report as regulired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like experience.
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SIGNATURE: DANIEL MCKAY 3/15/2003 941-716-3256 SIGNATURE AND PRESON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Davigne Phone #
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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