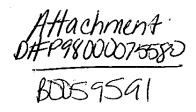
## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: A

## FILED DOCUMENT # 198000075580 Jul 06, 2001 8:00 am **Secretary of State** DOCKINGBAY, COM CORPORATION 07-06-2001 90200 011 \*\*\*150.00 Principal Place of Business Mailing Address 800 SOUTH WOVA AD. SAME SUITE C ORMAND SEATTH FE 32174 B0059591 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SACY H. WEELY 800 50 UTH NOVA 6045 Street Address (P.O. Box Number is Not Acceptable) DRMOND SEACH, FZ 32174 Zip Code FL 6. 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. SIGNATURE DATE Signature, typed or printed name of recistered agent and title if applicable HARANOMINIA PARAMENTA 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 \$ Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of Sta (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TILE P/D SOO SOUTH NOVA (L) Addition ☐ Delete mle ☐ Change NAME MAAK Danono BEACH, 12 32174 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAEN OIGLAND SOO SOUTH NOVA CD. ☐ Change ☐ Addition TTILE TILE NAME WAE GUITE C STREET ADDRESS STREET ADDRESS DELICADO BEACH, FL 32174 CITY\_57\_789 CITY-ST-ZIP TITLE TITLE Change ☐ Addition HALF NAME STREET ADDRESS STREET ACCORDESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE ☐ Change ☐ Addition TILE NUE STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-70 ☐ Change ☐ Delete TITLE ☐ Addition MAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-78 ☐ Delete TITLE ☐ Change Addition IIILE NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP 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 an officer or director 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.



DOCKINBAY. COM CORPORATION 800 South Nova Road, Suite C Ormond Beach, Florida 32174 (386) 673-9121 ext. 113

June 27, 2001

Secretary of State Corporations Division P. O. Box 6327 Tallahassee, Florida 32314

## Gentlemen:

Per instructions from your offices I am submitting the enclosed Uniform Business Report and filing fee of \$150.00 together with this letter of explanation. The form submitted was obtained from your internet site as the original preprinted form was never delivered.

According to your records, the office of the corporation is listed at 800 South Nova Road, Suite C, Ormond Beach, Florida. We have made an exhaustive search and have not located the preprinted form and presume it was either delivered to the wrong suite and or returned the forms to your offices as insufficient address. From my discussions with your offices, I am given to understand that the late filing penalty will be waived based upon the forms having been returned by the post office.

प्रमुख्या (१९५८) में अपने के अपने प्रस्तिक के प्राप्त कारता है। यह स्थान के प्रमुख्य अपने अपने किया है। यह वाक स्थान के प्राप्त के प्रमुख्य के प्राप्त के अपने के सम्बद्ध के अपने अपने के समित्र के सम्बद्ध के समित्र के स्था

Than you for your assistance and co-operation in this mater.

Sincerely yours,

Gary H. Neely