FILED May 21, 2002 8:00 am Secretary of State

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCL 1. Entity Na	JMENT # P980000797	97		05-21-2002	91190 045 ***150.00
1 '	lers Company		<i>)</i>		
	DO NOT WRITE	IN THIS SI	PACE		•
	Place of Business	3. Mailing Address	A Line of the Control	1	
Suite, Apt	Lake Georgia Drive	9805 Lake 6	Georgia Drive	DO NOT WRITE IN	THIS SPACE
City & Sta	ote .	City & State		4. FEI Number	
Orlan	do, FL	Orlando, FL	,	59-3542470	Applied For Not Applicable
32817	Country USA	Zip _ 32817	Country	5. Certificate of Status Desired	\$8.75 Additional
		建筑设备公司		7. Name and Address of Current Regi	
	no Not Wi	BITE S	Name W. Ryan	Hankey	
149 - 41 41 1-11 12 5 4 5		AND THE RESERVE AND THE RESERVE AND THE PARTY OF THE PART	Street Address (P.O. Box Number is Not Acceptable) e Georgia Drive	
	IN THIS SP	ACE TO SEE	Carrent Constitution	e Georgia Dilve	
ne Congress	e e a de la companya	principal de la company de La company de la company d	City		Zip Code
8. The above	gamed entity submits this statement for	the overage of observing	Orlando	red agent, or both, in the State of Florida.	FL 32817
	Sand Sand Sand Sand Here for	the purpose of changing its (egistered diride or register	ed agent, or both, in the State of Florida.	ĺ
SIGNATURE	Signature, typed or printed name of registered agent as	of title if possify the control of t			
O This second	<u></u>	I was to be a second of the se	Registered Agent signature required by 1 Fee is \$150.00	when reinstating) p	TYAC
Tax filing	pration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1	Fee is \$550.00	10. Election Campaign Financing	9 _ \$5.00 May Be
	ria on back)	Make Check Payabl	UBR is \$61.25 e to Department of Stat	Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND D		有限的数据证明		48-7-72-9-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9-8-1-9
TITLE NAME	PD Hankey, W. Ryan		NAME		
STREET ADDRESS	9805 Lake Georgia D	rive	STREET ADDRESS		Control of the company
CITY+ST-ZIP	Orlando, FL 32817		CITY ST ZIP		
TITLE NAME	D. Hankov Potricia		IIILE CONTRACTOR OF THE PARTY O		CR2F034B
STREET ADDRESS	Hankey, Patricia 9805 Lake Georgia D	rive	NAME STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32817	· · ·	CITY ST ZIP & STATE OF THE STAT		
THLE .	- 		INE THE SECTION		
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY ST ZEP	DO NOT WI	RITE
DITLE			interior		The state of the s
NAME STREET ADDRESS			NAME	IN THIS SP	AUE CONTRACTOR
CITY-ST-ZIP			STREET ADDRESS		
TITLE			inter 4 7 4 5 1		
NAME.			NAME.		
STREET ADDRESS			STREET ADDRESS	With The Alexander	
CITY-ST-ZIP			CITY ST ZP		
TITLE MAME			TITLE		
STREET ADDRESS			NAME, STREET ADDRESS		
CITY ST-ZIP	······································		CITY-ST-ZIP		
 I hereby ce indicated of of the corp 	ertify that the information supplied with the on this report or supplemental report is tru poration or the receiver or trustee empow	is filling does not qualify for the lie and accurate and that my recent a people and the month at the contract of the contract and the contrac	e exemption stated in Sect signature shall have the sal sucquired by Chanter 607	ion 119.07(3)(i), Florida Statutes. I further me legal effect as if made under oath; tha	certify that the information

Halley W. Ryan Hankey