FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2002 8:00 am Secretary of State

MANE STREET ADDRESS CITY-ST-ZIP MANE STREET ADDRESS CITY-ST-ZIP TITLE MANE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS S	U	MILOKIM BOZI	26	Secretary of State					
DO NOT WRITE IN THIS SPACE 2. Procedul Place of Business BY D DONIES COOP W. Suite April of C. Suite April of County Suite April of C. COLAS Suite Of Part of C. COLAS Suite Of Part of C. DO NOT WRITE IN THIS SPACE COUNTY BY A County A County A Coun	I I. EIRHVINGI	182	02	2-17-2002 900	036 045 ***150.0)0			
2. Meding Address GPI ODDNIEL COOP W. Sum, Apr. F. etc. Sum, Apr. F. etc. City & State County BOO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE City & State City &	ALLTI	HIS INCORPORAT	ED						
2. Meding Address GPI ODDNIEL COOP W. Sum, Apr. F. etc. Sum, Apr. F. etc. City & State County BOO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE City & State City &		•							
2. Mailing Address GPI ODDNIEL COOP W. Solin, Apr. F. etc. Solin, Apr. F. etc. Solin, Apr. F. etc. City & Saline Little Annual Contract Soline Contract Contra									
2. Principal Place of Business Suite, Apt. 4. etc. Suite, Apt. 5. etc. Suite, Apt. 6. etc.		DO NOT WRIT	•						
Sule, Ap J. etc. On NOT WRITE IN THIS SPACE Cry & Sulte DO NOT WRITE IN THIS SPACE The above ramed entry submits this statement for the purpose of changing to registered office or registered operation of single or please from the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered office or registered operation of the purpose of changing to registered operation office or registered operation of the purpose of changing to registered operation office or registered operation operation operation operation ope	2. Principal F	Place of Business	3. Mailing Address		<u>.</u>		•		
CIVY & State LINE ADDITION OF THE STATE OFFICERS AND DIRECTORS SET ADDITION OF THE STATE OFFICERS AND DIRECTORS SIGNATURE SIGNAT	6910 ODONIEZ COOP W SAME-								
DO NOT WRITE IN THIS SPACE 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 Signa	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
20 Country S. Certificate of Status Desired S8.75 Additional For Repulsed Service S8.75 Additional For Repulsed Service	City & State City & State City & State				•		3/344/4		
DO NOT WRITE IN THIS SPACE The above named entity submits this statement for the purpose of changing its registered office or registered office of regist	Zip Country Zip		Zip	Country		<u> </u>		\$8.75 Additional	
IN THIS SPACE Street Address (P. O. Box Multimber is Not Acceptable) G9/O ODDAVIEL LOOP W. City LANCIAND FL 26 Code 09 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 Fordia SIGNATURE 9. This corporation is eligible to saistly its intangible Tax Ring requirement and elects to do 50	2200				<u> </u>		of Current Regist		
IN THIS SPACE GRID ODDNIEL LOOP W.					MASANGER, WERNER A.				
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. SIGNATURE 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible Task filter registered agent, or both, in the State of Florida. 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 11. MAKE 11. OFFICERS AND DIRECTORS 11. MAKE 11. MA					Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
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. SIGNATURE Symbol typed or present agent and the information applied with this filing does not qualify for the exemption stated in Section 110.073(ii). Florida Sutulas, I further certify that the information in section in section 110.073(ii). Florida Sutulas, I further certify the the information in section in section 110.073(ii). Florida Sutulas, I further certify the the information in section in section 110.073(ii). Florida Sutulas, I further certify the the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 110.073(ii). Florida Sutulas, I further certify the the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 110.073(ii). Florida Sutulas, I further certify the the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 110.073(ii). Florida Sutulas, I further certify the the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 110.073(ii). Florida Sutulas, I further certify the the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 110.073(ii). Florida Sutulas, I further certify the the information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 110.073(ii). Florida Sutulas, I further certify the title information indicated on this report or supplied with this filing does not qualify for the exemption stated in Section 110.073(iii).	IN THIS SPACE				6910	ODONIEL LOOP W.			
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 SIGNATURE Symbol upon a preceivance of registered agent and devil appaceable. (NoTE happened Agent Signature required agent and devil appaceable. (NoTE happened Agent Signature required when necessary) DATE 9. This corporation is eligible to satisfy its intrangible Tax filling requirement and elects to do 50. (See criteria on back) DATE January 1 - May 1 - Fee its \$150,00 Amended UBR is \$61.25 Amended UBR is \$61.25 Amended UBR is \$61.25 Amended UBR is \$61.25 And Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$50.00 May 80 Added to Fees Added to Fees Trust Fund Contribution. \$50.00 May 80 Added to Fees Trust F					City _/	AKELAND		FL Zip Code 8	9
Sometime the product present largest and late is appetitible. 9. This corporation is eligible to satisfy its Intangible. Tax filling requirement and elects to do 50. After May 1. Fee is \$150.00 Amended UBR is \$61.25 Trust Fund Contribution. See criteria on back. OFFICERS AND DIRECTORS ITTLE MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS ITTLE MAKE Check Payable to Department of State MAKE Check Payable to Department of State ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P ITTLE MAKE SIRET ADDRESS CITY 51-2P TITLE MAKE SIRET ADDRESS CITY 51-2P SIRET ADDRESS CITY 51-2P TITLE MAKE SIRET ADDRESS CITY 51-2P SIRET ADDRESS CITY 51-2P TITLE MAKE SIRET ADDRESS CITY 51-2P SIRET ADDRESS CITY 51-2P TITLE MAKE SIRET ADDRESS CITY 51-2P SIRET ADDRESS CITY 51-2P SIRET ADDRESS CITY 51-2P TITLE MAKE SIRET ADDRESS CITY 51-2P SIRET ADDRESS CITY 51-2P TITLE MAKE SIRET ADDRESS CITY 51-2P SIRET	8. The above	e named entity submits this stateme	nt for the purpose of changing it:	s register	ed office or regi	istered agent, or both, in the	State of Florida.		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do 50. After May 1: Fee is \$550.00	SIGNATURE .	Skinature, typed or printed name of registered a	gent and title if applicable. (NO	E: Registere	d Agent signature reg	siried when reinstaling)	DA DA	ŢĘ.	_
Tax fing requirement and elects to do so. See criteria on back)	9 This corne		11.00						
THE DESCRIPTION OFFICERS AND DIRECTORS THE DAMAGE	Tax filing r	requirement and elects to do so.	Amende						
TITLE MAKE			make Check Paya	ble to De	epartment of	State , ,			
STREET ADDRESS CITY-ST-IP TITLE MAME STREET ADDRESS CITY-ST-IP TITLE TIT	TITLE	λ .		TITLE					
TITLE MANE STRET ADDRESS CITY-ST-ZP TITLE MANE	NAME STREET ADDRESS	ASANGER, WERNER H.							-
NAME SIRET ADDRESS CITY-ST-ZIP ITITLE NAME SIRET ADDRESS	CITY+ST-ZIP	LAKELAND, FL	. 33809						
STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	TITLE				· ·				.]
TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	STREET ADDRESS]
NAME SITRET ADDRESS CITY-ST-ZIP DO NOT WRITE ITILE NAME SIRET ADDRESS CITY-ST-ZIP ITILE NAME SIRET ADDRES	CITY-ST-ZIP				<u> </u>				
CITY-ST-ZIP CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-	TETLE NAME								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO LE NAME STREET	STREET ADDRESS					DO: N	DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T. Lereby 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 path; that I am an officer or director									
CITY-ST-ZIP CITY-	NAME					IN IT	115 SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	STREET ADORESS CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL TOTAL NAME STREET ADDRESS 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 path; that I am an officer or director	TITLE		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP CITY-ST-ZIP ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director	NAME				- II				
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director	CITY-ST-ZIP	i							
STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director	TITLE			1	Į.				
CRY ST-ZIP CRY 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 path; that I am an officer or director	NAME STORET ADDOCSS								
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 path; that I am an officer or director	CITY-ST-ZIP				. 1			•	
attachment with an address, with all other like empowered.	indicated of the corp	on this report or supplemental repo poration or the receiver or trustee o	rt is true and accurate and that r empowered to execute this repo	ny signati	ure shall have ti	he same legal effect as if ma	de under oath; tha	t I am an officer or dire	ctor