## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 10, 2002 8:00 am Secretary of State

	DOCUMENT # P98000086569					Secretary of State 02-10-2002 90011 046 ***150.00			
McA	llister	Consult	ing Inc.						
			IN THIS SE	PACE	=				
	Place of Business		3. Mailing Address P	0.	Box 716	1			
I ( Suite, Apt)	63 E. Mors	se BLVD.	Suite, Apt. #, etc.			-	DO NOT WRITE IN TH	IS SPACE	
	220		·			<u> </u>			<del></del> _
City & Stat		[	City & State Winter Park	F1			El Number 59-3547116	<u> </u>	Applied For Not Applicable
Zip	inter Parl	stry F' L	Zip	Country		+	Certificate of Status Desired	\$8.75	Additional
32	2789	JSA	32790-0716	<u>USA</u>			me and Address of Current Register	Fee Req	uired
					Name _			rea Agont	<del></del>
	DO_	NOT WR	ATE		Bru Street-Address	<u>се I</u> (Р.О.:Ва	). McAllister  ox Number is Not Acceptable)		
IN THIS SPACE					<u>1400 Gr</u>	reen Cove Road Park, FL			
IN THIS SPACE				<u> </u>					
					City Winte:	r Pa	ark, FL F	L   Zip (	789
8. The above	named entity submit	ts this statement for th	e purpose of changing its	registered			ent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed in	name of registered agent and	title if applicable. (NOTE	: Registered A	gent signature required	d when rein	nstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See stitute as back)  Amended				y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 a to Department of Stat		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
Tax filing r	requirement and elec	ts to do so.	After May Amended	1, Fee is: UBR is:	\$550.00 \$61.25	ıta			
Tax filing r	requirement and elec	ts to do so.	After May Amended Make Check Payab	1, Fee is: UBR is:	\$550.00 \$61.25	ite			
Tax filing r (See criter	requirement and electria on back)	OFFICERS AND DIF	After May Amended Make Check Payabi RECTORS	1, Fee is: UBR is:	\$550.00 \$61.25	ite			
Tax filing r (See criteration) 11. TITLE NAME	PS Bruce D.	OFFICERS AND DIF	After May Amended Make Check Payabi RECTORS	1, Fee is : UBR is : le to Dep TITLE NAME	\$550.00 \$61.25 artment of Sta	ite			
Tax filing r (See criteration) 11. TITLE NAME	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	1, Fee is : UBR is : le to Dep TITLE NAME	\$550.00 \$61.25 artment of Sta	ite			
Tax filing (See criter  11.  TITLE  NAME  STREET ADDRESS	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	1, Fee is UBR is le to Dep  TITLE  NAME  STREET	\$550.00 \$61.25 artment of Sta	nte			
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME	\$550.00 \$61.25 artment of Sta	ite			
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	1, Fee is it UBR is it to Dep  TITLE NAME STREET CITY-ST	\$550.00 \$61.25 artment of Sta	nte .			
Tax filing in (See criter)  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	1, Fee is UBR is le to Dep  TITLE NAME STREET CITY-ST  TITLE NAME STREET	\$550.00 \$61.25 artment of Sta	ite			
Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	\$550.00 \$61.25 artment of Sta	ate .	Trust Fund Contribution.	Ac	
Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE TITLE TITLE	\$550.00 \$61.25 artment of Sta Address -ZIP	ate .		Ac	
Tax filing in (See criter)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET STREET	\$550.00 \$61.25 artment of Sta Address -ZIP	ate .	DO NOT WR	ITE.	
Tax filing in (See criter)  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET NAME STREET TITLE NAME NAME	SSSO.00 661.25 artment of Sta ADDRESS -ZIP ADDRESS -ZIP	ate .	Trust Fund Contribution.	ITE.	
Tax filing in (See criter)  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE ITTLE	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE TITLE NAME STREET TITLE	SECTION ADDRESS ADDRESS ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ate .	DO NOT WR	ITE.	
Tax filing in (See criter)  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET STREET NAME STREET	SECTION ADDRESS ADDRESS ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ate .	DO NOT WR	ITE.	
Tax filing is (See criter)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET	SSSO.00 S61.25 Artment of Sta ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	ate	DO NOT WR	ITE.	
Tax filing is (See criter)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE	\$550.00 \$61.25 artment of Sta Address -ZIP Address -ZIP Address -ZIP	ate .	DO NOT WR	ITE.	
Tax filing is (See criter)  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET / CITY-ST TITLE NAME STREET / STREET / STREET /	\$550.00 \$61.25 artment of Sta Address -ZIP Address -ZIP Address -ZIP	ate .	DO NOT WR	ITE.	
Tax filing in (See criter)  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET / CITY-ST	SSSO.00 S61.25 Anthent of Sta Address -ZIP	ate	DO NOT WR	ITE.	
Tax filing in (See criter)  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Bruce D. 1400 Gree	OFFICERS AND DIF	After May Amended Make Check Payabl RECTORS r	TITLE NAME STREET / CITY-ST	SSSO.00 S61.25 Anthent of Sta Address -ZIP Address -ZIP Address -ZIP Address -ZIP DDRess -ZIP DDRess -ZIP	ate .	DO NOT WR	ITE.	

3. I hereby certify that the information subplies with this first 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 supplies at report is try 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 frustes empowered to execute this report as regalized by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, and that my name appears in Block 11 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

407-599-4451

Daytime Phone #