2001 UNIFORM BUSINESS REPORT (UBR)

TITLE NAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME SITRET ADDRESS	,	JMENT # P980000	090529		\ <u></u>	Mar 29,				
### AROLD MARY Representations of Business  #### AROLD MARY Representations of Representa	' '		KITCHEN CABIN P.O. R	ET IN		03-08-2001	_			
2. Princeal flace of Business  Suite, April 4 ofc.  City & State  Country  South, April 4 ofc.  South, April 4 ofc.  Country  South, April 5 ofc.  Application of Status Desired  The Regulation of April  The	Principal Pla		Mailing Address	1 K.lîn	<del>06-1434</del>					
2. Princeal flace of Business  Suite, April 4 ofc.  City & State  Country  South, April 4 ofc.  South, April 4 ofc.  Country  South, April 5 ofc.  Application of Status Desired  The Regulation of April  The		PINE DR. HAROLD M FL 33907 1959 NORTH FT. MYERS, 1	A 1859 NORTH PINE DRIVE PINE 1878 FL 33907 FL 23907						-	<i>†</i> .
Solito, April, R. DOC.    Col. A. State   City & State   City & State   A. FEI Number 59-3543160   Application						I MARINERI (AR 1818) LEM BERNI BERNI BERNI BERNI		TO BY A AV	111 1211 ATA	
City & State    City & State   Country   2p   Country   5   Confinction of State   Se.75 Addition   Se.75 Ad			_				21/6 IEHE 496	<b>97 97118 19</b>	10 <b>5</b> 1001 1001	
Zo Country Zip Country 3, Consideration Status Desired   Status Desired Desired   Status Desired Desired   Status Desired Desired   Status Desired Desired Desired   Status Desired Desir	Suite, Apr		Suite, Apt. #, etc.	····	-، بېيرنامېخىشىدا	DO NOT WRITE IN	THIS SPA	CE		
S. Name and Address of Current Registered Agent  S. Certificate of Status Desired   Section 1 to 1 Address of Page 1 to 1 Address of Page 1 to 1 Address of Page 1 to 1 t	City & State		City & State			4. FEI Number 59-3543160				, <u> </u>
S. Name and Address of New Registered Agent    Name   Name	Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.	75 Add	litional	7
MARTIN, NARCO 1959 NORTH-PINE DRN FORT MYER'S A 33807 FT. MYER'S, FL. 33907  B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  Signal, have a primar with a statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  Signal, have a primar with a statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  Signal, have a primar with a statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  SIGN		6. Name and Address of Current	Registered Agent			7. Name and Address of New Regist			0	-
1859 NORTH-CINE DRIVE FORT MYERS F1. 33507  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids.  SIGNATURE    One   FL   Zip Code								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  Signature, noted or prime in many deprimed sport are if agreedate.  P. This corporation is eligible to settlery its Intangible Tax timps prequirement and electis to do so.  After MAY 1, 2001 Fee will be \$550.00  Make Check Physiola to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MARKET IN THE MARKET ADDRESS IN THE PROPERTY OF THE PROPE	1959	NORTH PINE DRIVE	HAROLD MART 1959 NORTH PINE	IN DR	Street Address (F	O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·			
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 Floride.  SIGNATURE  Signature, tondo or primer remote of registered agent and the agent and the agent and the agent ag	ron	II MIERO PESOSOI	FT. MYERS, FL. 33	3907						1
SIGNATURE    Signature typed or privated name of regulations agent and tills if applicables.   NOTE Regulation in selligible to sealiby its internagible   TELE NOWILL FEE IS \$150.00		,					FL	Zip Code	•	7
Symbol proposed completed count of the processor of the p			r the purpose of changing its re	egistere	ed office or registere	ed agent, or both, in the State of Florida.	_		,	
Tax filing requirement and elects to do so.	SIGNATURE		and title if applicable. (NOTE:	Registered	Agent signature required v	whon reinstating)	ATE			
TITLE MARTIN, HAROLD 1959 NORTH PINE DR. SIRET ADDRESS CITY-ST-2P  TITLE MARE SIRET A	Tax filling	requirement and elects to do so.	After MAY 1, 200	1 Fee	will be \$550.00	Trust Fund Contribution				
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STREET ADDRESS CITY-ST-ZIP    Change   Addition		FI/MISCO FL 33901	☐ Delete	-	·		<u> </u>	Change	Addition	12 <u>7</u>
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