## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED				
DOCUMENT # P98000095572  1. Entity Name						Apr 25, 2002 8:00 am Secretary of State					
BAY PINE	ES MANOR, IN	IC.						-2002 90012			
Principal Place of Business Mailing Address 10591 BAR PINES BLVD. 9253 119TH AVENO.											
ST. PETERBURG FL 33708 LARGO FL 33773							C 10021001 170 17101 106	1 <b>88</b> 411 <b>98</b> 114 <b>88</b> 151 <b>88</b> 41	n Henri Bildi Bibil J	<b>P.S</b> (3 (18) 188)	
2. Principal F	Place of Business		3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	te, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State City & State				)			FEI Number 59-35	44705	————	oplied For ot Applicable	
Zip Country  6. Name and Address of Current			Zip	ry	5. Certificate of Status Desired						
	6. Name and A	adress of Current He	gistered Agent		Name	7.	Name and Address o	New Registered	Agent		
KODA, KAREN B 9253 119TH AVE.,NO.					Street Address (P.O. Box Number is Not Acceptable)						
LARGO FL 33773					City				7:- 0-1	_	
		···			City			F	Zip Code	e 	
Tax filing	Signature, typed or printed pration is eligible to requirement and ele ria on back)		itle if applicable. (NOT FILE NOW! After May 1, 20 Make Check Payat	!!! FEE ! 02 Fee v	will be \$550.00	)	einstating)  10. Election Camp  Trust Fund Cor			<b>0</b> May Be to Fees	
11.		OFFICERS AND DIF	RECTORS	12.		AD	DDITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS		INOLE DRIVE WEST	□ Delete		T ADDRESS		, , , , , , , , , , , , , , , , , , ,		Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	VP		☐ Delete	TITLE NAME	!				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	KODA, KAREN 6 9253 119 AVENI LARGO FL 3377	JE NORTH		STREE	T ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete		T ADDRESS ST-ZIP	•	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME					Change	☐ Addition	
CITY-ST-ZIP TILE			☐ Delete	CITY-	ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	T ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS ST-ZIP				☐ Change	Addition	
indicated of the corp	on this report or sup poration or the recei	pplemental report is tru ver or trustee empowe	s filing does not qualify for e and accurate and that n red to execute this report all other like empowered.	ny signatu	ire shall have the	e same l	egal effect as if made	under oath: that I	am an officer of	or director	

4/15/02 1273972816 Date Daytime Phone #