2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU		iness repo 0100143	ort	(UBR		FI Mar 28, 2 Secretai 03-28-2002 90	y of	Sta	te	0548193 AV
206 TARPON	ice of Business INDUSTRIAL CIRCLE INGS FL 34689	Mailing Address 206 TARPON INDUSTRIA TARPON SPRINGS FL 34				A REDIKENT NIK TRANS NEWY KRIMI KRIMI	Pålur (1817 bilg) a	11 0 1 [1 0]1 1 1	638 1811 1 0 68	
2. Principal	Place of Business	3. Mailing Address								
2. Principal Place of Business 206 Tarpon Industrial Circle Suite, Apt. #, etc. Suite, Apt. #, etc.			same			DO NOT WRITE IN THIS SPACE				
City & Sta Tarpo	n Springs, Fl	City & State Florida			4. F	59-3542981			plied For t Applicable]
Zip 34689	Country USA	Zip	Count	гу	5. (Certificate of Status Desired		75 Add Required		
34007	6. Name and Address of Current I	Registered Agent			7. N	lame and Address of New Re				
DAMALOG				Name						ĺ
DAMALOS, JOHN ANTHONY 201-SUITE 2 TARPON INDUSTRIAL CIRCLE				Street Address (P.O. Box Number is Not Acceptable)						
TARPON	SPRINGS FL 34689	<u>;</u> 						-		
				City			FL	Zip Code	,	
8. The above	e name ventity submits this statement for	the purpose of changing it	ts registere	d office or re	gistered ag	ent, or both, in the State of Flori	da.		•	
SIGNATURE	Signature (1) soft primed name of registered agent a	nd title if applicable. (NC	OTE: Registered	Agent signature r	equired when re	instating)	/19/0	2		
Tax filing requirement and elects to do so. After May			VIII FEE IS \$150.00 2002 Fee will be \$550.00 able to Department of Stat			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICER\$ AND E	DIRECTORS	12.		AD	L DITIONS/CHANGES TO OFFIC	ERS AND DIF	ECTORS	IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAMALOS, JOHN ANTHONY 201-SUITE 2 TARPON INDUSTRIAL TARPON SPRINGS FL 34689	☐ Delete	ll l	T ADDRESS ST-ZIP				Change	☐ Addition	E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	ll l	T ADDRESS ST-ZIP				Change	Addition	CR2EC
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP				Change	Addition .	
indicated	certify that the information supplied with to on this report or supplemental eport is to poration or the release or trudee empoy, or on an attachment with an address, with	rue and accurate and that	.mv signatu	re shall bave	the same in	egal effect as if made under oat	h: that I am ar	n officer o	r director	•

PRESIDENT