2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 16, 2002 8:00 am Secretary of State

Principle Place of Business 120 COMMENT PLACE TAMPA R, 2812 2. Principal Place of Business Suite, Apr. F, etc. Suite, Apr. F, etc. Suite, Apr. F, etc. Suite, Apr. F, etc. City & Suite City & S	DOCU 1. Entity Nar SPA BAB		# P9900	0025898			1	05-27-2002 9	0277 034 *	**150.00)	I
Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. DO NOT WRITE IN THIS SPACE	1210 COMMUNITY PLACE			1210 COMMUNITY PLACE				E LORINADA ERR LOMO LORIS DAS) (8) (8)	1931 BII (9 1841 F	1818 1 1834 1884	I
Coy & State Coy & State Coy & State Coy & State Country Zoy Country E. Name and Address of Current Registered Agent T. Name and Address of Status Desired F. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name and Address of Office New Agent Name and Address of New Registered Agent Na	<u> </u>		9988					* 1831(83) *** *** *** ****		.,,,,,		
To Country Zo Country S. Certificate of Status Desired S.8.7 Additional S.8.7 Addit								DO NOT WRITE IN THIS SPACE				
S. Cerrificate of Siture Desiror Fixe Reculting I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address of New Registered Agent I.OVELACE WILLIAM K ESQ Street Address I.OVELACE WILLIAM K ESQ I.OVELACE WILLIAM K ESQ Street Address I.OVELACE WILLIAM K ESQ I.OVELACE WILLIAM K ESQ Street Address I.OVELACE WILLIAM K ESQ Street Address I.OVELACE WILLIAM K ESQ I.OVELACE	City & State			City & State			4.	FEI Number 59-35610	12			,
LOYELACE, WILLIAM K ESO 2310 WEST BAY DRIVE LARGO FL City Turns City Turns City Turns FL ZB36/Z a. The above named entily submits this statement for the purpose of changing its registry and office or registrated agent, or both, in the State of Florida. SIGNATURE BREARDAL MOCRET OUTS OFFICERS AND DIRECTIONS TITLE OFFICERS AND DIRECTIONS TITLE DANS FIRST ADDRESS OUTS 3-1P TITLE OPERS AND DIRECTIONS TITLE	Zip		Country	Zip	Coun	try	5.	Certificate of Status Desire	od 🗆			7
LOVELACE, WILLIAM K ESD 2310 WEST BAY DRIVE LARGO FL City TIMUM F		and Address of Current	Registered Agent	- ,	Name -	7:	Name and Address of No	w Registered /	\gent ===		۱.	
A. The above named entity submits this statement for the purpose of changing its registred diffice or registered agent or both in the State of Florida. SIGMATURE PARLUMAL LANCEPEED WEST WES	2310 WES	ST BAY DRI		•		Street Acc		CA L. LAM Box Number is Not Accep MMUN PLOSE				1
SIGNATURE Comment peed to presert name of regiment of the Personal peed to presert name of regiment of the Peed to presert name of regiment name of the Peed to presert name of regiment name of the Peed to presert name of the Peed to presert name of regiment name of the Peed to presert name of the presert name										Z 337	12	
After May 1, 2002 Fee will be \$55,00 May be Good So. (See criteria on back) Make Check Peyable to Department of State Trust Fund Contribution. Stock of Fees Stock of State Sta	8. The above named entity submits this statement for the purpose of changing its registered agent, or both in the State of Florida. SIGNATURE BARBARAL LANGEORY OR SYMM DANGER HOLDS											
TITLE INAME SIREET ADDRESS CITY-ST-ZP CITY-S	Tax filing requirement and elects to do so. After May 1, 2002					will be \$550				\$5.0 Added	00 May Be d to Fees	
MME STREET ADDRESS STREET ADDRESS CTY- ST- ZPP CTA-ST- ZPP C		I.	OFFICERS AND				Αſ	DDITIONS/CHANGES TO	OFFICERS AND			1=
MME STREET ADDRESS STREET ADDRESS CTY- ST- ZPP CTA-ST- ZPP C	NAME STREET ADDRESS	LANGFORD 8609 MILE	S ROAD	L.J Deleta	NAME STREE	ET ADORESS				☐ Change	∐ Addilion	E034 (9/01
CITY-ST-ZIP TITLE Delete TITLE NAME Change Addition NAME TITLE NAME Change Addition NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME	NAME			☐ Delete	NAME	:				☐ Change	Addition	뚕
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRES												
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ Delete				-,		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRES			स्था की क्या कीए क ्षी राज्य			***						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE 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 supplimental report is true 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 repetity of truplee empowered of seed se his effort as if made under oath; that I am an officer or director of the corporation or the repetity of truplee empowered of seed se his effort as if made under oath; that I am an officer or director of the corporation or the repetity of truplee empowered seed seed se his effort as if made under oath; that I am an officer or director of the corporation or the repetitive of the same legal effect as if made under oath; that I am an officer or director of the corporation or the repetitive of truplee empowered seed by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attacpment with an address, with all of the properties of the corporation of the repetitive of the repetitive of the corporation of the repetitive of th				☐ Defete		٠,				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TILE 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 supplymental report is true and accounted 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 reverse or truptee empowered of exercity that it short is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attacpment with an address, with all other lates and the same legal effect as if made under oath; that I am an officer or director of the corporation or the reverse of truptee empowered. Asked to the same legal effect as if made under oath; that I am an officer or director of the corporation or the reverse of truptee empowered. Asked to the same legal effect as if made under oath; that I am an officer or director of the corporation or the reverse of the corporation of t	STREET ADDRESS				STREE	T ADDRESS		<u> </u>				
STREET ADDRESS CITY-ST-ZIP TITLE Detelle TITLE MAME MAM				☐ Delete				•	-	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZP 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 suppliemental report is true 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 of trustee empowered. Execute this effort is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactment with an address. The all other received in the components of the corporation of the corp			a ·		STREE	T ADDRESS				•		
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 supplimental report is true and accounted 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 review of truplee empowered of exercise this report by Chapter 807. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attacyment with an address, with all other lates and the state of the same legal effect as if made under oath; that I am an officer or director of the corporation or the review of truplee empowered. SIGNATURE: **PRESIDENT** **ADS** **PRESIDENT** **ADS** **STREET ADDRESS **CITY-ST-ZIP** **DIFFERENT CONTROLLED TO THE CON				☐ Detete	TITLE				. : •	☐ Change	☐ Addition	}
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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered of page due this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attactment with an address, with all other received. SIGNATURE: PRESIDENT 4/256288869	STREET ADDRESS				STREE	- 1						
SIGNATURE AND TYPED OR PRINTED HIP OF SIGNANG OFFICER OR DIRECTOR DIRECTOR DIRECTOR	13. I hereby of indicated of the corp changed,											