2003 UNIFORM BUSINESS REPORT (UBR)

	·			in the state of th			
DOCU 1. Entity Nan	MENT # P9900	FILED					
BRITIO, INC.				03 APR 22 AM 11: 40			
Principal Place of Business Mailing Address							
14263 BEFLECTION LAKES DRIVE				SECRETARY OF STATE TALLAHASSE= FLORIDA			
FT. 1	4yeas, A 3	.3907					
2. Principal P	lace of Business	3. Mailing Address		900016987619 04/25/0301009028 **300.00			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	12	DO NOT WRITE IN THIS SPACE			
City & State	Mi	City & State		4. FEI Number Applied For Not Applied For Not Applied For			
Zip ,	Country	Zip	Country	5. Certificate of Status Desired			
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent			
1 Ac	Ry (1) 11 50.		Name				
LARRY WILSON 14263 REPLECTION LAKES Dr.				Street Address (P.O. Box Number is Not Acceptable)			
F7 20	MYENS K	33907	City	Tio Code			
7.0	1/- /			FL Zip Code			
8. The above	named entity submits this statement for	Me purpose of changing its	registered office or rec	gistered agent, or both, in the State of Florida.			
SIGNATURE _	Signafure, typed or printed filme of registered agent ar	od title it applicable (NOTE	: Registered Agent signature re	equired when reinstaling) DATE			
9 This corno	ration is eligible to satisfy its Intangible		I FEE IS \$150.00				
Tax filing re	equirement and elects to do so.	After MAY 1, 200	00 Fee will be \$550.	他の機能機能機能 USEFUNG CONIDUNON. I Added to Fees			
11.	OFFICERS AND E	Make Check Payable	le to Department of 12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PRESIDENT	☐ Delete	TITLE	Change Addition			
NAME STREET ADDRESS	LARRY WILSON	1.4.	NAME STREET ADDRESS				
CITY-ST-ZIP	MAPLES REFLECTION	n LAKES Du.	CITY-ST-ZIP				
TITLE	7011007	☐ Delete	TITLE	Change Addition			
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME	Change Addition			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
NAME {		☐ Delete	TITLE NAME	☐ Change ☐ Addition			
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NAME		201010 سبا	NAME				
STREET ADDRESS CITY-ST-ZIP			STREET AODRESS CITY-ST-ZIP	·			
ULLE		☐ Delete	TITLE	☐ Change ☐ Additio			
NAME CIBILLI ADDRESS			NAME CTOTEL ADDRESS				
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP				
indicated i	on this report of supplemental report is to coration or the receiver or trastee empow or on an attachment with an address, wi	rue and accurate and that m	v signature shall have :	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if			
SIGNAT	HDE. MANY///	Il hore.	•				

29章) UNIFORM BUSINESS REPORT (UBR)

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3390			
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ES DRIVE			
?7			
3. Mailing Address			
Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
y & State		4. FEI Number - 09/3255 Applied Not Appl	
<u></u>	LEE	5. Certificate of Status Desired \$8.75 Additional Fee Required	
ed Agent	Name	7. Name and Address of New Registered Agent	
_	Street Address	(P.O. Box Number is Not Acceptable)	
AKSS Du.			
3907	City	FL Zip Code	
pose of changing its regist	stered office or registe	ered agent, or both, in the State of Florida.	
pplicable. (NOTE: Regis	stered Agent signature require	ed when reinstating) DATE	~
After MAY 1, 2000 Fe	ee will be \$550.00	10. Election Campaign Financing \$5.00 Mag Trust Fund Contribution. Added to Fe	
	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
		☐ Change ☐ A	Addition
CALES Da. S	STREET ADDRESS		
☐ Delete T		☐ Change ☐ A	Addition
			
		∐ Change ∐ A	ddition
	STREET ADDRESS CITY-ST-ZIP		
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	y & State y & State y & State Conced Agent ALSS Done of changing its regis PILE NOW!!! FILE NOW!! FI	alling Address ite, Apt. #, etc. y & State Country LEZ red Agent Name Street Address City pose of changing its registered office or register FILE NOWILL FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St. CITY ST-ZIP Delete TITLE NAME STREET ADDRESS CITY - ST-ZIP Delete TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP	alling Address ite, Apt. #, etc. y & State A. FEI Nymbar O / County S. Certificate of Status Desired \$8.75 Additional Fee Required Ted Agent Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AKSS D. City FL Zip Code Total County City FL Zip Code The Registered office or registered agent, or both, in the State of Florida. FILE NOWILI FEE: IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Wake Check Payable to Department of State ORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE MAME SIREET ADDRESS CITY-ST-ZIP Change A Delete TITLE MAME NAME Change A Change A Change A Change A

of the corporation or the eccepter or truthe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack ment with an address, with all other life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)

4/17/03

PLEASE ACCET ON CARCH for \$300AND BE-INSTATE ON CORP. WE NOVES
AND AFRE NOT RECIEVED RITTER DOVE
ON 2003'S ALLER RESPONS.

Moul you, Jany Welson

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