2000 UNIFORM BUSINESS REPORT (UBR)

	1. Entity Name	MENT # P990000 S FAST ACTION BONDING		,		May 15, 200 Secretary 0 03-03-2000 90217 0	)0 8: of St	ate
SAMASOTA FL 94237  2. Fincipal Place of Businese  Suite, April #, etc.  Suite, April #, etc.  Suite, April #, etc.  Coy & State  Coy &	Principal Place	e of Business	Mailing Address		-			
Suite, Apt. #, etc.  Cay & State  Cay & Cay & State  Cay	12 LIME STREET SARASOTA FL 34237					<del>្គីស្រ</del> ុក្សភូមិ)	r	
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   State	2. Principal P	lace of Business	3. Mailing Address		-			
Zig Courtry Zig Courtry Sig Courtry Sig Courtry Sig Courtry Signature Desired Signat	Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPA	4CE	
SPECIAL & UTREA, P.A. 33 ALMERNA MERUE CORAL GABLES FL 33134  B. The above named entity subprist his shorrent for the purpose of changing its registered Agent supplies may be supplied in the purpose of changing its registered Agent supplies may be supplied in the purpose of changing its registered Agent supplies may be supplied in the shorrent for the purpose of changing its registered Agent supplies may be supplied in the shorrent for the purpose of changing its registered officer or registered agent supplies or registered agent supplies or registered agent supplies or registered agent supplies or benefit with the shorrent for the purpose of changing its registered officer or registered agent supplies or benefit with the shortent for the purpose of changing its registered officer or registered agent supplies or benefit with the shortent for the purpose of changing its registered agent supplies or property agent supplies or benefit with the shortent for the purpose of changing its registered agent supplies or benefit with the shortent for the purpose of changing its registered agent supplies or benefit with the shortent for the purpose of changing its registered agent supplies or benefit with the shortent for the purpose of agent in shortent for the shortent for the purpose of agent in shortent for the shortent for the shortent for the purpose of agent in shortent for the shortent for the purpose of a shortent for the shortent for the purpose of a shortent for the shortent for the purpose of the shortent for the shortent for the purpose of the shortent for the shortent for the purpose of the shortent for the shorten	City & State	е :	City & State			FEI Number	<del></del>	
SPECIAL & LITERA, P.A. 343 ALMERA A/RAINE CORAL GABLES R. 33134  SPECIAL STREET Superal professor of the purpose of changing as registered agent, or both, in the State of Fordia.  SIGNATURE Superal professor of the State of Fordia.  FLL 70 29/3/37  8. The above named entity subgrist his statement for the purpose of changing as registered agent, or both, in the State of Fordia.  SIGNATURE SIGNA	Zlo	Country	Zip	Country		Certificate of Status Desired	3.75 Additi	<del></del>
SPIEGGEL & UTRERA, P.A. 339 ALMERIA AKTINE CORAL GABLES FL 33134  Signatures gir/D. Box Nutribus levior Acceptable)  8. The above normal entity subgrids this experiment for the purpose of changing at registered office or registered agent, or both, in the State of Foots.  SIGNATURE Signatures gir/D. Box Nutribus levior acceptable provided ware a flucture gir/D. Box Nutribus levior acceptable provided ware a flucture gir/D. Box Nutribus levior acceptable provided ware a flucture gir/D. Box Nutribus levior acceptable provided ware a flucture gir/D. Box Nutribus levior acceptable provided ware a flucture gir/D. Box Nutribus levior acceptable provided gir/D. Box Nutribus levior acceptable gi		6. Name and Address of Curren	t Registered Agent		7. N		<u></u>	
8. The above named entity subgrits this systement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Systems upon depends agent and the systems agent workfall space by the company of process of process and process of process	343 /	ALMERIA AVENUE		Street Address	(P.O. B	lox Number le Not Acceptable)	Zip Code	1
TITLE NAME SIREET ADRESS CITY-ST-ZIP TITLE MAME	'SIGNATURE .  9. This corpo Tax filing r	Signatore, typed or printed name of legistered ager praction is eligible to satisfy its Intangible requirement and elects to do so.	it and title if applicable (NOTE:  FILE NOW!!  After MAY 1, 200	Registered Agent signature requires FEE IS \$150.00  O Fee Will be \$550.00	red when re	anstating) DATE  10. Election Campaign Financing	\$5.00 Added to	May Be
NAME SIREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA	11.		DIRECTORS	12.	AD	DDITIONS/CHANGES TO OFFICERS AND D	IRECTORS I	N 11
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