2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # P9900 CING, INC.	0050854				Secreta : 04-17-2002 9	·		1
Principal Place of Business Mailing Address				 	\dashv				
5950 HESTE SANFORD F		5950 HESTER AVE. SANFORD FL 32773							
,		3100 310 12 3011				A PROGRAM DIA TRANSPORTATION AND AND AND AND AND AND AND AND AND AN	Skiri bille skiri löt	AT ANNA BARA AND	
2. Principal	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apl#, etc		Suite, Apl. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3592475		Applied For	j	
Zip Country		Zip Count			5.	Certificate of Status Desired	\$8.75 A		<u>'</u>
	6. Name and Address of Current F	legistered Agent			7. 1	Name and Address of New Registe	Fee Requi	red	-
يت سيدند			<u> </u>	Name		<u> </u>			1_
REIFF, ANDREW L 135 W. CENTRAL BLVD., SUITE 720				Street Addres	s (P.O. E	Box Number is Not Acceptable)			1
	O FL 32801						·		7
			7	City			FL Zip Co	de	1
8. The above	e named entity submits this statement for	the purpose of changing its	egistered (office or regis	tered ag	ent, or both, in the State of Florida.			1
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Ap	ent elgnature requi	red when re	instalino) DV	.TE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta)	Election Campaign Financing Trust Fund Contribution.		00 May Be	1
11.	OFFICERS AND D	1	12.	runent of Si		DITIONS/CHANGES TO OFFICERS	AND DIDECTOR	10 10 1 1 4	<u> </u>
TITLE	D	☐ Delete	TITLE			OTTONS/OFFICERS	Change	Addition	18
NAME STREET ADDRESS CITY-ST-ZIP	BANKA, DEBRA G 5950 HESTER AVE. SANFORD FL 32773		NAME STREET AL CITY-ST-	I					CR2E034 (9/01)
TITLE	SANTOND FL 32113	☐ Delete	TITLE	<u> </u>	····		Change	Addition	┦凝
NAME			NAME	j			- Change		Γ
STREET ADDRESS			"STREET AC		- <i>-</i>	The state of the s		•	
TITLE NAME		☐ Delete	TITLE			-	☐ Change	Addition	1
STREET ADDRESS CITY-ST-ZIP	-		STREET AD				~		
TITLE		☐ Delete	TITLE	-			☐ Change	☐ Addition	}
NAME			NAME	1					
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-2	- 1					1
TITLE		☐ Delete	TITLE			<u> </u>	☐ Change	☐ Addition	ł
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET AD						1
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME	•		NAME						
STREET ADORESS CITY-ST-ZIP			STREET AD	l l					
	ertify that the information supplied with th	is filing does not qualify for the		,	ection 1	19 07(3)(i) Florida Statutes I further	Certify that the in	Mormation	
indicated	ertify that the information supplied with the on this report or supplemental report is true containing or the receiver or trustee empower.	ue and accurate and that my	signature s	shall have the	same le	gal effect as if made under oath; tha	t I am an officer	or director	i