2002 UNIFORM BUSINESS REPORT (UBR)

Country Country Country St. Certificate of Status Desired St. 75 Additional Fee Required Strong Address of New Registered Agent	1. Entity Nan	MENT # P9900(i c. hutto, cpa, pa	0055712				Secreta 02-05-2002	ry of	Stat	te
LAKELAND FL 3881 LAKELAND FL	Principal Place of Business Mailing Address									
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Zip Country St. Certificate of Status Desired \$5.735/80/15 Netter Address of Current Registered Agent \$1. Certificate of Status Desired \$2.7 Additional Fee Requisions	·									
S. Verificate th Status Delay 10 Fee Required So. Verificate th Status Delay 10 Fee Required Some Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Ziro Code 8. The above named entity signifist this statement for the purpose of changing its registered agent, or both, in the State of Florida. Significant Delay Tax Riling requirement and elects to do so. After May 1, 2002 Fee with a Stefato Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS 12: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 RILE MAKE SIRET ADDRESS ONY 51-2P TITLE Delay ADDRESS ONY 51-2P TITLE Delay Title De	City & Stat	e	City & State			4 . F	59-357901	5	<u> </u>	oplied For ot Applicable
Name and Address of Current Registered Agent Name Name Street Address (P.O. Sex Number is Not Acceptable) Int. Street Address (P.O. Sex Number is Not Acceptable) Street Address (P.O. Sex Number is Not Acceptable) Int. Street Address (P.O. Sex Number is Not Acceptable) Street Address (P.O. Sex Number is Not Acceptable) Int. Street Address (P.O. Sex Number is Not Acceptable	Zip	Country	Zíp	Count		5. (Certificate of Status Desired			
Street Address (P.O. Sox Number is Not Acceptable) Street Address (P.O. Sox Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent			7. N	lame and Address of New			
1203 LONGWOOD OAKS BLVD. LAKELAND FL 33811 City FL Zip Code 8. The above named entity sybmits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. Symbles, based or primar name of registered agent ag	нитто к	ENNETH C					<u> </u>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE	•				Street Address (P.O. Sox Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SignATURE	LAKELANI) FL 33811								
SIGNATURE Signature, tyrater or printer name of regotational agent on it is at application. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11.					City			FL	Zip Code	e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Mater May 1, 2002 Fee with 9a.\$86f.00 at Mater May 1, 20	SIGNATURE	Signature, typed or printed name of registered agent an	Hall	- -		_		1-10	08	<u>-</u>
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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 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 directly of the corporation or the receiver or trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block	TITLE NAME		☐ Delete	TITLE			 -	:	☐ Change	Addition
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	CITY-ST-ZIP 13. I hereby a indicated of the corchanged	on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with the control of the contro	rue and accurate and that meered to execute this report at all other like empowered.	the exemply signal as required to the second	mption stated in lure shall have red by Chapter	the same	egal effect as if made under da Statutes; and that my nar	r oath; that 1 ar ne appears in	n an officer Block 11 or	or director r Block 12 if