FILED Jun 16, 2003 8:00 am Secretary of State

2003	<b>FOR</b>	PROFIT	CORPOR	RATION
UNIFO	RM B	<b>USINES</b>	S REPOR	T WBR

DOCU  1. Entity Nam  SUTHERI	ne		<b>P9900006</b> /ICES, INC. 	/				06-16-200	•	047 ***550		Ş
Principal Place of Business 6608 WOOD MEADOW LOOP BRADENTON FL 34202		Mailing Address 6608 WOOD MEADOW LOOP BRADENTON FL 34202				) ( <b>88</b> /1 <b>88</b> ) 1/ <b>8</b> 1 <b>8</b> /18 (8/18 <b>6</b>		RIJE BIKEI II BAB I	 	•		
2. Principal F	Place of Busin	ness	3. Mail	ing Address								
2. Principal Place of Business									٠	•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	te		City	& State			4.	FEI Number <b>65-0933</b>	529		Applied For Not Applicab	ole
Zip		Countr	y Zip		Coun	try	5.	Certificate of Status Desir	ed 🔲	\$8.75 Fee Requ	Additional	
	6. Name	and Add	ress of Current Registere	d Agent			7.	Name and Address of N	ew Register			╛
SUTHER	AND LAWE	RENCE R				Name						
SUTHERLAND, LAWRENCE R 6608 WOOD MEADOW LOOP		1		Street Address (P.O. Box Number is Not Acceptable)								
BRADENT	ON FL 342	02										7
		12				City				Zip C	ode	
	named entity tions of regist		this statement for the purpo nt.	ose of changing its	s registere	ed office or re	gistered ag	ent, or both, in the State	of Florida. 1	am familiar wi	th, and accep	ot .
SIGNATURE .	Signature, typed	or printed name	ne of registered agent and title if appl	icable (NOT	TF: Registere	d Agent signature i	aguired when re	ainstating)	DA:	TF.		
Afte	ILE NOW!! r May 1, 200 k Payable to	3 Fee w	S \$150.00 ill be \$550.00 Department of State		· \			9. Election Campaig Trust Fund Contril	•		5.00 May Be	,
10:	I D		OFFICERS AND DIRECTOR		11.		AC	DITIONS/CHANGES TO	OFFICERS /		<del></del>	$\exists_{\tilde{\kappa}}$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUTHERL	od mead	WRENCE R DOW LOOP 4202	□ Delete					_	☐ Chanç	ge 🗌 Additio	S S CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			·			□ Chanç	ge 🗌 Additio	CR2
NAME STREET ADDRESS CITY-ST-ZIP			واو ی د در محمد میان	□ Delete	•		. •		energy.	Chang	e 🖾 Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		J				☐ Chang	ge 🗌 Additio	On I
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l	II			☐ Chang	ge 🗌 Additio	nc
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the	information	on supplied with this filing a	Delete	CITY-	ET ADDRESS ST-ZIP	in Section	119 07/3V(i) Florida Statu	toe I further	Chang		

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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone 4