## **2001 UNIFORM BUSINESS REPORT (UBR)**

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City & State  Ci	. Principal Pl	lace of Business	3. Mailing Address			L EBINL BRINL BRINL BRINL BINN BRINL BRINL BRINL BRINL BRINL
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Security	City & State	,	City & State	<del></del>	"4. FEI Number 59-359	42144
S. Name and Address of Current Registared Agent  TIMOTHY P. KELLY, P.A. 1016 LASALLE ST.  JACKSONVILE FL 32207  City FL Zip Code  City FL	Zip	Country	=Zip == .	Country	5. Certificate of Status De	\$8.75-Additional
Name    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Currer	nt Registered Agent	<u> </u>		rea Required
Street Address (F.O. Box Number is Not Acceptable)    City				Name -		
City   FL   Zip Code    The above named entity submits this statement for the purpose of changing its registered agent, or both, in this State of Florida.    Change   Delete				Street A	ddress (P.O. Box Number is Not Acc	eptable)
The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in this State of Florida.    The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in this State of Florida.    The concoration is eligible to satisfy its Intangible   Tax fling requirement and elects to do so.   After September 12, 2001 Fee will be \$750.00   Addition Trust Fund Contribution.   S5,00 May See Added to Fees Added to F						
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www.herbnrenewal.com >

1523 San Marco Blvd. Jacksonville, FL 32207 904-398-5911/904-398-5912 (fax)

July 27, 2001

To Whom It May Concern,

I received my annual report this month for the first time this year, please accept my \$150.00 at this time and in the future notify me earlier so that I do not run into the delinquency period.

I apologize if this has caused any problems, please contact me at the above number if you have any questions.

Sincerely,

Ďiana Kerner

Procident