2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900067024 1. Entity Name STRIKE 1 OF STUART, INC.

FILED Jul 09, 2002 8:00 am Secretary of State

07-09-2002 90023 037 ***550.00

Zip Country Zip Country 5. Certificate of Status Desired Agent Status Desired Status Desired Agent Status Desired Agent Status Desired Agent Signature required when remaining) 9. This corporation is eligible to satisfy its Intang bid Tax filling requirement and elects to do so. After September 13, 2002 Fee will to \$750.00 Make Check Payable to Department of Status Desired Interest Desired on back) 9. This corporation is eligible to satisfy its Intang bid Tax filling requirement and elects to do so. After September 13, 2002 Fee will to \$750.00 Make Check Payable to Department of Status Desired Interest Desired Inter	STRIKE	1 OF STUART, INC.		(la	07-09-2002 90023 (037 *** 330.00
Suite, Apt. #, etc. Suite, Ap	13 SW OSC	EOLA STREET	13 SW OSCEOLA STREE	:T		8)(() 188() 88() 8 () 18() 8(8) 288(
Suite, Apt. #, etc. Suite, Apt. #, etc.			3. Marling Address			
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
See Country Zip Country S. Cartificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEST, REBECCA A 7. Rea-SW WOODBNE WAY PALM GITY FL-94990 3.44 SE THE WAY City FL Zip Code City F	<u> </u>	ate	City & State		4. FEI Number 65-0996758	Applied For Not Applicable
WEST, REBECCA A 7-90-8-3W WOODBINE WAY PALM CRY FL 94990— 34-44 SE	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL City		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and title if applicable.	7 906-3 W	WOODBINE WAY	change of address FriewAi	Street Address	ss (P.O. Box Number is Not Acceptable)	
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTEL MAME STREET ADDRESS CITY-ST-ZIP INTILE AMME STREET ADDRESS CITY-ST-ZIP INTILE ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP A	9 The show	Shan	t 71-3499	11		. '
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. This corp	Signature, typed or printed name of registered agent poration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	!!! FEE IS \$550.00 3, 2002 Fee will be \$7	50.00 10. Election Campaign Financing	\$5.00 May Be Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	<u> </u>	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	WEST, REBECCA A 7006 SW WOODBINE WAY-		STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address			NAME STREET ADDRESS		☐ Change ☐ Addition
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TITLE IAME	IAME TREET ADDRESS TTY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	· ·	

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 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 11 or Block 12 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

1/02 772-219-0090 Date Daytime Phone # R2E034 (4/02)