FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 01, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P990000	70168	05-01-2002 91563 023 ***150.00		
1. Entity Name	, 0100			
,				
THE AMERICAN BEAUTY CAR COMPANY, INC.				
DO NOT WRITE IN THIS SPACE				
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business	military and the second second			
1900 Main Street 1900 Mai		Street		
້Sບໍ່ເe. Apt. #. etc. Sû ໋ite 310	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State	Suite 310 City & State		4. FEI Number	Applied For
Sarasota, FL	Sarasota,		13 / C/10/10/10	X Not Applicable
34236 Country USA	- ^{Zip} 34236	CountryUSA	5. Certificate of Status Desired	-\$8.75 Additional
		Name	7. Name and Address of Current Registere	
DO NOT W	in, William R.			
[2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4			P.O. Box Number is Not Acceptable) O Main Street	
IN THIS SPACE			uite 310	
		City	=1	- Zip Code 34236
8. The above named entity submits this statement for	the state of the s			34236
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature required	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible	January 1 1	lav 1: Fee le \$150 po	an (100)	
Tax filing requirement and elects to do so. (See cutaria on back) Amended UBR is \$61.25			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	Make Check Payal	e to Department of Stat	e	Added to Fees
Director	BINGOTORS	Jane (T. Black)		
STREY ADDRESS Holland, Beverly			The same of the sa	1201 1201
CHY,SI-ZIP 5570 Chanteclaire		STREET ADDRESS CITY ST. ZIP		
Sarasota, FL 34235		mic 2002	And the state of t	CR2E034
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STREET ADDRESS CITY-ST-ZIP	- .	STRIET ADDRESS		The second of th
I hereby certify that the information supplied with indicated on this report or supplemental report is	his filing does not qualify for	See in the self-self-self-self-self-self-self-self-	tion 119.07(3)(i), Florida Statutes. I further certi	fy 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 on an attachment with an address, with all other like empowered.				
M. O.				
SIGNATURE: <u>Levery</u>	- JANA	unce	4/16/02 941	377 - 44521