2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077946

2/17/00-90055-001-\$2,250.00-\$150.00

FILED)

Principal Place of Business P. O. BOX S189 FT. MTERS BCH FL 33932 FT. MTERS BCH FL 33932 FT. MTERS BCH FL 339324189 FT. MTERS BCH FL 33932 Z. Principal Place of Business Suite, Apt. #, etc. City & State City & S	MISS SH	e HEREE, INC.			00 MAR -8 PM 1:17
### Principal Place of Business ### Suite, Apt. #, etc. ### Suite, Apt. #, etc. ### Do Not Writte in This space City & State			- ·		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE					TALLAHASSEL, FLORIDA
City & State City & State City	2. Principal P	face of Business	3. Mailing Address		
Zip Country Zip Country 5. Country 5. Certificate of Status Dosired 58.75 Additional Fee Required Status Dosired 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALA, GEORGE 815 BUTTONWOOD DR. FT. MYERS BCH FL 33931 City FL Zip Code 8. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 50 College 1 Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 60 City FL Zip Code 9. This corporation is eligible to salety its initiangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 7 Country 1	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sirect Address (P.O. Box Number is Not Acceptable) 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. 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. 6. The above named entity submits this s	City & State				65-095/905 Not Applicable
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8.15 BUTTONWOOD DR. FT. MYERS BCH FL 33931 City FL Zip Code 6. 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 Synature, typed or printed name of registered agent and tife of applicable. [NOTE: Registered Agent agentare registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Nate The Nate of Plorida After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME SIREET ADDRESS 77227 HENDRY CREEK DR. FT. MYERS FL 33908 Delete NAME SIREET ADDRESS 5790 BRIARCULFF RD. FT. MYERS FL 33912 City-St-JiP NAME SIREET ADDRESS 815 BUTTONN/OOD DR. FT. MYERS BCH FL 33931 Delete NAME SIREET ADDRESS 815 BUTTONN/OOD DR. FT. MYERS BCH FL 33931 Delete NAME SIREET ADDRESS 815 BUTTONN/OOD DR. FT. MYERS BCH FL 33931 Delete NAME NAME NAME SIREET ADDRESS 815 BUTTONN/OOD DR. FT. MYERS BCH FL 33931 Delete NAME NAME SIREET ADDRESS 815 BUTTONN/OOD DR. FT. MYERS BCH FL 33931 Delete NAME NAME NAME NAME SIREET ADDRESS 815 BUTTONN/OOD DR. FT. MYERS BCH FL 33931 Delete NAME NAME NAME NAME NAME SIREET ADDRESS 815 BUTTONN/OOD DR. FT. MYERS BCH FL 33931 Delete NAME		6. Name and Address of Curren	(Hegistered Agent	Name	7. Italije mid Address of them registeres Agent
ET. MYERS BCH FL 33931 City			ىيە. <u>خەرەرىقىرى ئەتتىرىت ، د</u>	Street Addre	dress (P.O. Box 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 Signature, typed or printed name of registered spent and title if applicable. PILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Added to Fee SIRET ADDRESS OTY-ST-ZIP TITLE NAME SIRET ADDRESS OTY-ST-ZIP TITLE NAME SIRET ADDRESS STOP STORMAR STATE ADDRESS STOP STORMAR SIRET ADDRESS STOP STORMAR SIRET ADDRESS STOP STORMAR SIRET ADDRESS STOP STORMAR SIRET ADDRESS STORMAR A				City	▶■ Zin Code
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13. I hereby certify that the information supplied with this filing does not quality 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:

GNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00 941-765-1828