FOR PROFIT CORPORATION - UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2002 8:00 am Secretary of State

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2. Principal Place of Business 1000 LEE BOULEUARD 3. M	lailing Address 1000 LEE BowlevAl	٥
Suite, Apt. #, etc Su	ilte, Api. #, etc. ZoZ	DO NOT WRITE IN THIS SPACE
City & State LE H: 3H FL. Ci	ty & State	4. FEI Number Applied For Not Applicable
Zip 33936 Country Zi	p Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	Namo	7. Name and Address of Current Registered Agent
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE		
City FL Zip Code		
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. Compared the com		
SIGNATURE Signature, typed or printed came of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsteiting) DATE		
9. This corporation is eligible to satisfy its Intangible Tax flying requirement and elects to do so. After May 1 Fee is \$150.00 After May 1 Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be		
(See criteria on back)	Amended UBR is \$61.25 Make Check Payable to Department of State	Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECT	ORS Lawrence of the control of the c	A CONTRACTOR CONTRACTO
NAME HAYNUIST - BICCIARDI		077)
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319 07/31/0. Floride State to 1 for the control that the information supplied with this filing does not qualify for the exemption stated in Section 319 07/31/0. Floride State to 1 for the control that the information supplied with this filing does not qualify for the exemption stated in Section 319 07/31/0. Floride State to 1 for the control that the information supplied with this filing does not qualify for the exemption stated in Section 319 07/31/0. Floride State to 1 for the control that the information supplied with this filing does not qualify for the exemption stated in Section 319 07/31/0. Floride State to 1 for the control that the information supplied with this filing does not qualify for the exemption stated in Section 319 07/31/0. Floride State to 1 for the control that the information supplied with this filing does not qualify for the exemption stated in Section 319 07/31/0. Floride State to 1 for the control that the information stated in Section 319 07/31/0.		
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.		
SIGNATURE: 2/20/02 941-344-6000		
SIGNATURE: 51GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1 Date 1 Designe Propaga		

Daytime Phone #