## ... **2002 UNIFORM BUSINESS REPORT (UBR)**

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Mar 10, 2002 8:00 am				
1. Entity Nam	MENT #	P9900 ORATED	Secretary of State 01-27-2002 90040 038 ***150.00							
	ce of Business	<del></del>	Mailing Address % THE TREME CORPORA	THOM		<u>.</u>		Ü		
P.O. BOX 740			P.O. BOX 740010							
2. Principal F	Place of Business		3. Mailing Address		-)	<u> </u>	144) KADI (1911			
Suite, Apt.	#, etc.	···	Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS S	PACE			
City & Stat	е		City & State		4. FEI Number	59-3604203		pplied For ot Applicable	7	
Zip	Cou	ntry	Zip —	Country	5. Certificate of		\$8.75 Ad Fee Require		1	
	6. Name and A	ddress of Current R	egistered Agent	Name	7. Name and A	ddress of New Registered A	gent		}	
PATTON, PHILIP R 309 FERNHILL DRIVE DEBARY FL 32713				Street Address	(P.O. Box Number	is Not Acceptable)			1	
									]	
				City	City FL Zip Code				]	
9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so.  FILE NOW After May 1, 2				!! FEE IS \$150.00 02 Fee will be \$550.00	10. Election Campaign Financing 55.00			00 May Be	<u>-</u>	
11.	- Cucky	OFFICERS AND D		12.		HANGES TO OFFICERS AND	DIRECTOF	RS IN 11	1_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTON, PHILIP 309 FERNHILL I DEBARY FL 327	PRIVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	2E034 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defale	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	5	
DTLE NAME STREET ADDRESS		······································	☐ Delete	TITLE NAME			☐ Change	☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELIVER BY NO. BY MOVE THE SECOND LIFE TO BE A SECOND LIFE TO BY MOVE THE SECOND LIFE TO BE A SECOND LIFE TO BY MOVE THE SECOND L	producer Producer	☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	<u>.</u>	<del></del>	Change	☐ Addition		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	· ·	······································	☐ Celeta	CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP			Change	Addition .		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
13. Thereby of indicated of the cor	on this report or sup poration or the rece	plemental report is to ver or trustee empow	na and accurate and that m	w cinnofitto chall have the	same legal ettect a	Florida Statutes. I further cert as if made under oath; that I a and that my name appears in	m an oilicei	OI GILECTOI		