2000 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State OCUMENT # **P99000095958 Entity Name** 05-18-2001 91602 030 ***150.00 :-CON; INC: incipal Place of Business Mailing Address 552772 11406 N. 172ND PLACE OR N. 172ND PLACE **ITER FL 33478** JUPITER FL 33478-5320 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARPINIA, WALTER Street Address (P.O. Box Number is Not Acceptable) 11406 N. 172ND PLACE JUPITER FL 33478 clare Ave. The above named entity submits this statement for ne purpose of nging its registered office or registered agent, or both, in the State of Florida GNATURE (NOTE, Registeren Agest) signatura required when reinstating FILE NOW!!! FEE IS \$150.00 rporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 8e ling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Delete YICC KARPINIA, WALTER James H. Rainey, Esq. NAMÊ 11406 N. 172ND PLACE STREET ADDRESS REET ADDRESS 1117 clave Aue. .Y-ST-ZIP CITY-ST-ZIP Jupiter Fl 33478 Secretary Change LΕ Delete TITLE James Hi Rainey, Esq. NAME REET ADDRESS STREET ADDRESS ILLY CLAYE AUC, 17 - ST - 71P CITY - ST- 7IP ☐ Change ☐ Addition LE.L Delete__ TITLE NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ŦLE. ☐ Delete TITLE ☐ Change Addition NAME REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP TLE ☐ Delete TITLE ☐ Change Addition ME NAME IREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-7IP TLE Delete TIFLE Addition **AME** NAME REF SSS STREET ADDRESS 3. I hereby certify that the information supplied with this filling 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 discrete of the corporation or the receiver or bustee empowered to execute his 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 address, with all other ike impowere IGNATURE: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR