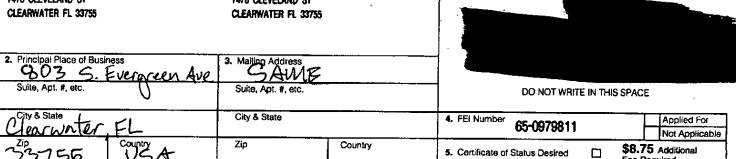
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2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

04-25-2002 90013 005 ***150.00

P99000100411	
Mailing Address	
1476 CLEVELAND ST	
CLEARWATER FL 33755	



	Lea uedunan
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIANFRONE, JOSEPH R 1968 BAYSHORE BOULEVARD DUNEDIN FL 34698	Name Street Address (P.O. Box Number is Not Acceptable)
	City 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.

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable.

(NOTE: Registered Agent signature regular defends when renstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filling requirement and elects to do so.
(See criteria on back)

The NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D : ARGALL, MATTHEW ROCH 1476 CLEVELAND ST CLEARWATER FL 33755	NAME STREET ADDRESS CITY-ST-ZIP	Obolensky, Yurii Change Braddition 803 S. Everthreen Ave Title: Owner Clearwater FL 3>756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COURNOYER, CLAIRE 1476 CLEVELAND ST CLEARWATER FL 33755	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
= NAME = STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
IFILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTO

9 Apr 02

Daytime Phone #