2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jun 25, 2002 8:00 am Secretary of State

Daytime Phone #

1. Entity Nat		0105201 * OF ORLANDO	ж.				06-25-2002	ary of 90452 027 *		e
Principal Place of Business Mailing Address 1200 E. HILLCREST STREET.STE.104 ORLANDO FL 32803 ORLANDO FL 32803								8 1 14 0 14 88 401 8 1140 144		
2. Principal I	Place of Business	3. Mailing Address				†	16			
Suite, Apt	. #, etc. `	Suile, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			4.	FEI Number	59-3601949		Applied For lot Applicable	
Zip	Country	Zip	y	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current F	legistered Agent			7.	Name and Ac	ktress of New Regist	ered Agent]
ATWELL, JAMES W JR. 1200 E. HILLCREST STREET, STE. 104				Street Address (P.O. Box Number is Not Acceptable)						-
ORLANDO FL 32803				City			····-	FL Zip Cor	de	-
SIGNATURE Signature, typed or printed name of registered agent and size if applicable. (NOTE: Ref. P.* This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Make Check Payable				S \$150.	50.00	10. Election	n Campaign Financin, Fund Contribution.	, (2)	00 May Be	
11.	OFFICERS AND D	IRECTORS	12.		AE	DITIONS/CH	ANGES TO OFFICERS	AND DIRECTOR	S IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ATWELL, JAMES W JR. P.O. BOX 31 WINTER PARK FL 32790	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP	V ATWELL 423 V GENE	NHITCO	ES W JR. MB DR. L 3273		Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATWELL, LORITA 162 A SPRINGWOOD CIRCLE LONGWOOD FL 32750	☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP		_		☐ Change	☐ Additlon] 5
NAME STREET ADDRESS CITY-ST-ZIP	COB ATWELL, PAUL 299 BROASDMOOR RD. LAKE MARY FL 32746	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	COB ATMEL POBOX	1. PAUL	61	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANE MARTIFE 32140	☐ Delete	TITLE NAME	ADDRESS	lake m	ary 1	FL 3279	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST					☐ Change	☐ Addition	
indicated of the corr	erify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signatur	e shall ha	ve the same b	enal effect as	if made under nath: th	at I am an officer ars in Block 11 or	or director	



1200 East Hillcrest St. #104 Orlando, FI 32803 Phone (407) 895-2411 Fax (407) 895-0347 Fed ID#: 59-3601949

May 3, 2002

Department of State **Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom it may concern,

Circumstances in our company have called for a clean-up in our bookkeeping department and in our accounting services. We regret that our UBR, not being attended to in a timely matter, is one additional circumstance. It has just now come to our attention. We sincerely request that you accept our oversite and late admittance. If this is not possible please let us know. Thank you for your consideration.

Sincerely,

James W. Atwell, Jr.

president