Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Signature Sign	DOCU	JMENT	0000	(UBR)	FILED May 10, 2002 8:00 a Secretary of State 05-10-2002 90027 031 ***150.00							
Suite, Apt. #, etc. 25/12 Suite Apt. #, etc. 25/12 Suite Apt. #, etc. 25/12 Suite Apt. #, etc. City & State City & State Country 32/12 L Country 4805 JAMA/CA LANE KISSIMMEE FL 34746 Signalus-spector prised name of registered Agent City \(\text{Cist Name and Address of New Registered Agent} \) Annual Address of New Registered Agent 7. Name and Address of New Registered Agent Name City \(\text{Cist Name and Address of New Registered Agent} \) Signalus-spector prised name of registered agent, or both, in the State of Florida. Signalus-spector prised name of registered agent, or both, in the State of Florida. Signalus-spector prised name of registered agent, or both, in the State of Florida. FL \(\text{Zip First Line} \) Signalus-spector prised name of registered agent, or both, in the State of Florida. Signalus-spector prised name of registered agent, or both, in the State of Florida. FL \(\text{Zip First Line} \) Signalus-spector prised name of registered agent, or both, in the State of Florida. Signalus-spector prised name of registered agent, or both, in the State of Florida. FL \(\text{Zip First Line} \) Signalus-spector prised name of registered agent, or both, in the State of Florida. FL \(\text{Zip First Line} \) Signalus-spector prised name of registered agent, or both, in the State of Florida. FL \(\text{Zip First Line} \) Signalus-spector prised name of registered agent, or both, in the State of Florida. FL \(\text{Zip First Line} \) Signalus-spector prised name of registered agent, or both, in the State of Florida. Signalus-spector prised name of registered agent, or both, in the State of Florida. Signalus-spector prised agent	4805 JAMAIC	CA, LN	is .	4805 JAMAICA LN								
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Signature book and entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Signature by Synuture byte or private remove of registered agent and elects to do so. (See criteria and elects to do so. (See criteria no back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE BOOK STREET ADDRESS SITERT ADDRESS STREET ADDRESS	City & State						4. FEI Number 59-3073144 Applied For Not Applicable					
MEAD, RAYMOND'] 4805 JAMAICA LANE KISSIMMEE FL 34746 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 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criferia on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MEAD, RAYMOND J STREET ADDRESS CITY-ST-2P TITLE MEAD, JANET D MEAD, BAYMONE STREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS STREET A	347	41	Country			У	5. Certific	ate of Status Desired		\$8.75 Ad	Iditional	
MEAD, RAYMOND'J 4805 JAMAICA LANE KISSIMMEE FL 34746 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. 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. 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ANAME 14. ANAME 15. ANAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. Election Campaign Financing 17. Trust Fund Contribution. 17. STATE TARRESS 17. STATE TARRESS 18. STREET ADDRESS 19. STREET ADDRESS 11. OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ANAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 16. Change Addit Aname 17. Change Addit Aname 18. The ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. Change Addit Aname 19. Ch		6. Name	and Address of Current	Registered Agent			7. Name a	and Address of New				
SIGNATURE Signature, typerd or ginited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V MEAD, JANET D MAGD, JANET D MAGD JAMAICA LANE KISSIMMEE FL TITLE V MEAD, JANET D MAGD JANATCA LANE KISSIMMEE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TI					-	7017	. <i>\\\\</i> 2	· Vine	- 57	<u> ₹</u> 9 600	5 441	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 the information supplied with the information indicated on this report or supplemental report is true and accurate and that the information supplied with the information indicated on this report or supplemental report is true and accurate and that the information supplied with the information indicated on this report or supplemental report is true and accurate and that the information indicated on this report or supplemental report is true and accurate and that the information is report or supplemental report is true and accurate and that the information indicated on this report or supplemental report is true and accurate and that the information is report or supplemental report is true and accurate and that the information is accurate and the informatio	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET A CITY-ST	-ZIP				_ •	Addition	