FILED Sep 10, 2002 8:00 am

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Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied			520	10114 MILITARY TRAIL #114	10114 MILITARY TRAIL #114	
City & State City & State City & State City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired Status Desired Stroke Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered difference of registered agent, or both, in the State of Florids. I am familiar with, and the obligations of registered agent and replaced agent and the J applicable. SiGNATURE Signature, typed or prefet name of registered agent and the J applicable. (NOTE: Registered Agent signature required when releasing) After September 13, 2002 Fee will be \$750,00 After September 14, 2002 Fee will be \$750,00 After September 15, 2002 Fee will be \$750,00 Afte		L PROJETE IJA JOSTI STOKE SIJADO JAJST SVATA GLOVA EKSIJA STOLA		3. Mailing Address	ace of Business	2. Principal
Zip Country Zip Country 5. Certificate of Status Desired	DO NOT WRITE IN THIS SPACE			Suite, Apt. #, etc.	Suite, Apt. #, etc.	
CAMPBELL, WILLIAM JAY 319 NORTHLAKE DR N PALM BEACH FL 33408 Signature, bytand or printed name of registered agent and little 2 appReable. Signature frequirement and elects to do so. (See criteria on back) The Compression of the composition of the compositi	Applied For	0070202303	4.	City & State		City & Sta
CAMPBELL, WILLIAM JAY 319 NORTHLAKE DR N PALM BEACH FL 33408 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIĞNATURE Signature, typed or printed 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 MAKE SIREET ADDRESS CITY-ST-ZIP NAME CAMPBELL, WILLIAM J. 319 NOTHALAKE DR N PALM BEACH FL VP CAMPBELL, WILLIAM J. 319 NO. LAKE DR. NO. PALM BEACH FL OFFICERS AND Delete STREET ADDRESS CITY-ST-ZIP OFFICERS AND DELETED BEIGHT TILE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NO. PALM BEACH FL OFFICERS AND DIRECTORS IN STREET ADDRESS CITY-ST-ZIP OFFICERS AND DELETED BEIGHT TILE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS IN STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS CITY-ST-ZIP OFFICERS AND DIRECTORS CITY-ST-ZIP OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS CITY-ST-ZIP OFFICERS AND DIRECTORS CITY-ST-ZIP OFFICERS AND DIRECTORS CITY-ST-ZIP OFFICERS AND DIRECTORS CITY-	dditional	5. Certificate of Status Desired \$8.75 Add	ountry 5.	Zip Co	Country	Zip
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N PALM BEACH FL 33408 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SiĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) - After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME SIREET ADDRESS CITY-ST-ZIP N PALM BEACH FL VP CAMPBELL, WILLIAM J 319 NO. LAKE DR. NO. PALM BEACH FL City-ST-ZIP NO. PALM BEACH FL City-ST-ZIP City-ST-ZIP NO. PALM BEACH FL City-ST-ZIP City-ST		DO C. A.				1
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. I am familiar with, and the obligations of registered agent. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) DATE 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE NAME CAMPBELL, WILLIAM J STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE VP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NO. PALM BEACH FL Change Ch		J. Box Number is Not Acceptable)	Sireet Address (P.O.			l
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	de	FL Zip Cod	City			
SIĞNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE	ı, and accept		tered office or registered a	ne purpose of changing its regist	named entity submits this statement for thons of registered agent.	8. The above
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME CAMPBELL, WILLIAM J. STREET ADDRESS CITY-ST-ZIP NO. PALM BEACH FL FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS IN Peleble Deleble TITLE NAME STREET ADDRESS CITY-ST-ZIP NO. PALM BEACH FL 10. Election Campaign Financing Trust Fund Contribution. 11. Added to the strength of State Trust Fund Contribution. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FILE Trust Fund Contribution. 13. Election Campaign Financing Trust Fund Contribution. 14. Added to the strength of State Trust Fund Contribution. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FILE Trust Fund Contribution. 16. Election Campaign Financing Trust Fund Contribution. 17. Added to the strength of State Trust Fund Contribution. 18. Election Campaign Financing Trust Fund Contribution. 19. Change Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 10. E					Yanahan kanada da	SIĞNATURE
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Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)

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