2000	<b>UNIFORM</b>	<b>BUSINESS</b>	REPORT	(UBR
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	6. Name and	Address of Current Reg	gistered Agent		Nine	7. N	lame and Add	dress of New F	Registered	Agent		
DC 4.5	DI 14441 - OD-110	•			Name		-					
	rlman, Craig Highland ave				Street Add	ress (P.O. Bo	ox Number is	Not Acceptable	e)			-
	E 900	•		ļ				_				
ORLA	ANDO FL 32802	?			City	<del></del>			FI	Zip Co	de	$\dashv$
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	named entity sub	mits this statement for th	e purpose of changing its	registere	d office or re	egistered age	ent, or both, in	the State of Fl	orida.			
8. The above					·······			the State of Fl	orida.			
8. The above	Signature, typed or print	ted name of registered agent and t	title if applicable. (NOT	E: Registered	Agent signature i	required when rei		the State of Fl				-
8. The above SIGNATURE _ 9. This corpo Tax filing re	Signature, typed or print	ted name of registered agent and to		E: Registered	Agent signature in S \$150.00 will be \$550	required when rei	instating)  10. Electio	n the State of Fl n Campaign Fl und Contributio	DATE		.00 May	
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3. 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 furner certify that the information indicated on this report is 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 a other rise empowered.

SIGNATURE:

STEN STATES THE STATES AND OFFICER OF DIRECTOR

9/20/00 407-260-912