## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am Secretary of State

OMITORM BUSINI	ESS REPURI	(UDK)	Secretary of State					
DOCUMENT # S89988			05-13-2002 90146 047 ***150.00					
QUICKSILVER YAG	CHT SALES, 1	NC.						
DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business 249 CURIEN STREET	3. Mailing Address	Adeque	- 1					
Sulte, Apt. #, etc.  Sulte, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State FORT MYERS BEACH, FL ?	NAMES, FL		4. FEI Number 65 -0330155 Applied Fo Not Applied					
Zip 33931 Country	Zip 34108	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required					
and the same of th	ليكسونون وليكوا والمحالة		7. Name and Address of Current Registered Agent	$\dashv$				
DO NOT WRITE IN THIS SPACE		Name WANDERON, THOMAS  Street Address (P.O. Box Number is Not Acceptable)						
					_ 8	868 106TH AVENUE N.		
					City	NAPLES FL Zincode 108		
		8. The above named entity submits this statement for	r the purpose of changing its reg	gistered office or i	registered agent, or both, in the State of Florida	=		
		SIGNATURE Signature, typed or printed name of registered agent a	THON	uas Wa	NDERON 04/24/02			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on book)  Amended U		1 Fee is \$150. Fee is \$550.00 IBR is \$61.25	10. Election Campaign Financing - \$5.00 May B	e				
11. OFFICERS AND I	Make Check Payable	to Department	t of State					
TITLE PD		TITLE		;				
NAME AURIT PATRICK		NAME						
STREET ADDRESS 249 CURLEW STREET		STREET ADDRESS	,					
TITLE FORT MYERS BEACH, F	L 33931	CITY-ST-ZIP		}				
NAME		TITLE NAME		6				
STREET ADDRESS		STREET ADDRESS		١				
CITY-ST-ZIP		CITY-ST-ZIP						
TOTAL		TITLE	results of the state of the sta					
NAME STREET ADDRESS		NAME OTREET ADORESS						
CITY-ST-ZIP	Į	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	}				
TITLE		TITLE		$\dashv$				
NAME		NAME	IN THIS SPACE					

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 and acculate 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

**SIGNATURE:** 

NAME STREET ADDRESS

TITLE

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PATRICK AURIT

× 4/24/00

239-463-4602