## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUI	MENT #	S92240	NESS REPO	ORT	(UBR)		Ma S	8y 08 ecret 05-08-2002	ILE , 200 ary (2 90155 (	)2 8: of St	00 am
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Principal Place	e of Business		Mailing Address	-		_					
8124 WASHING			8124 WASHINGTON STRE	EET							
PORT RICHEY FL 34668 US			PORT RICHEY FL 34668 US								
2. Principal Pla	lace of Business		3. Mailing Address					10110 HB10 HB11 B1	fii 1811 (ii]]] (	HEN BIBN BIBN	F1611 81211 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.			$\dashv$		DO NOT WR	ITE IN THIS	SPACE	
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Zip	1.0		7	<del></del>	<del></del>			59-3094045	j 		lot Applicable
<u>-</u>		ountry	Zip	Coun	Country		ertificate of S	tatus Desired		\$8.75 Ad Fee Requir	
	6. Name and	Address of Current Re	gistered Agent		Nama	7. Na	ame and Add	Iress of New i	Registered		
PENNA, DO	ONALD				Name	-		<u> </u>	~~~~		احدثند
5130 W SH					Street Address	(P.O. Bo	x Number is	Not Acceptabl	e)		
NEW PORT	RICHEY FL 34	1652									
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8. The above n	named entity sub	mits this statement for th	ne purpose of changing its	s registere	ed office or regist	ered ager	nt, or both, in	the State of Flo		<u>·                                      </u>	
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SIGNATURE		mits this statement for th			ed office or regist			the State of Flo		· 1 ·	
SIGNATURE	Signature, typed or print	red name of registered agent and to be satisfy its Intangible	title if applicable. (NOT	FE: Registered	d Agent signature requir		stating)		orida.	-	
SIGNATURE	Signature, typed or print ration is eligible to equirement and e	ted name of registered agent and to o satisfy its Intangible lects to do so.	FILE NOW!	TE: Registered	d Agent signature requir	ed when rein:	stating)	the State of Floor	DATE		00 May Be
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