FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addi Fee Required 6. Name and Address of Current Registered Agent Name GOSEY, LINDA 1025-C CAPE CORAL PARKWAY CAPE CORAL FL 33904 City FL Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	olied For Applicable tional
Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country 5. Certificate of Status Desired \$8.75 Addi Fee Required 6. Name and Address of Current Registered Agent Name GOSEY, LINDA 1025-C CAPE CORAL PARKWAY CAPE CORAL FL 33904 City FL Zip Code 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 Signature, typed or printed name of registered agent and title # applicable. (INOTE: Registered Agent signature required when remisting) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME GOSEY, LINDA 1025 C CAPE CORAL PKWY CAPE CORAL FL SIRET ADDRESS CITY-ST-ZIP CAPE CORAL FL City ST-ZIP Change	olied For Applicable tional
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indicated on this report or supplemental report is true and date 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 empewered 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01 (941) Data Davine Phone #