FILED Apr 11, 2002 8:00 am Secretary of State

04-11-2002 90672 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUME 1. Entity Name 2033 MAIN ST	V 20	418				
Principal Place of Bi 2033 MAIN STREET SUITE 104 SARASOTA FL 34236 US		Mailing Address 2033 Main Stree Suite 104 Sarasota FL 342 US				
2. Principal Place of Business		3. Mailing Address	S			
Suite, Apt. #, etc.		Suite, Apt. #, etc	C.			
City & State		City & State				
Zip	Country	Zip	Zip Coun			
	Name and Address of Cu	rrent Registered Agent	ಕ್ಕಾರ್ ನಗಳ	Nome		

2033 MAIN ST SUITE 104 SARASOTA FL US	_ 34236		2033 MAIN STREET SUITE 104 SARASOTA FL 34236 US								
2. Principal P	Place of Busin	ess	3. Mailing Address				L (MML), MILMIN AIKIN INIII OHOOL AINOE INFI VI	0 10 0 2021 0	IIBIX BIBNI A	.1816 B1811 (B81	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE							
City & State		City & State			4. f	99-2171010		applied For lot Applicable	7		
Zip Country		Zip Countr		try	5. (Additional		
	~ 6. Name	and Address of Current R	egistered Agent ~			7.° N	Name and Address of New Registe				<u> </u>
					Name						
KELLY, MARY		Street Address		Street Address	(P.O. E	Box Number is Not Acceptable)		******		1	
	N ST STE 10)4									┨
SARASUI	A FL 34237									,	4
	ځ				City			FL	Zip Co	et	
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or registe	red ag	ent, or both, in the State of Florida.				1
	٥										
SIGNATURE	Signature, broad	or printed name of registered agent an	d title if applicable (NICTE	Panietora	d Agent signature require	d whon re	sinetation)	ATE			
	Signature, typeu	or printed frame or registered agent an	T			u when re	Junistating)	316			-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Str		ate	10. Election Campaign Financing Trust Fund Contribution.	, 		00 May Be ed to Fees			
11.		OFFICERS AND D	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	RS IN 11	1_
TITLE	P		☐ Delete	TITLE] Change	☐ Addition	CR2E034 (9/01)
NAME	[• · · · · · · · · · · · · · · · · · ·		NAMI	"						4 (9	
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	SVP KELLY, MA	RY	☐ Delete	TITLE] Change	☐ Addition	ြ
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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 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 all other like empowered.

SIGNATURE:

Daytime Phone #