## 2002 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 21, 2002 8:00 am Secretary of State

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I CILLY WATE	ne 10 T. SVOPA, IN . GEN.	ENAL CONTRACTOR	-, //	16.	$\downarrow$	
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	Place of Business	3. Mailing Address	Oln			
800 NW 51H PLACK 800 NW 51H P Suite, Apt. #, etc. Suite, Apt. #, etc.				E	DO NOT WRITE IN	THIS SPACE
City & Stat	te	City & State		-	4. FEI Number 65 - 036 13	Applied For
Zip	Country Com OA	F. LANDENOQUE	- <i>FL</i> Cour	on by		Not Applicable  \$8.75 Additional
333	Country USA	<sup>Zip</sup> 33309		Tury USA	Certificate of Status Desired      Name and Address of Current Reg	Fee Required
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				2/25		
			ä	City	4	<b>■■</b> 7in Corle
					4 RATON	FL 33428
8. The above	e named entity submits this statement	for the purpose of changing its	register	red office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE .	·					
<u> </u>	Signature, typed or printed name of registered ag-		-	ed Agent signature requ	uired when reinstating)	CATE
	oration is eligible to satisfy its Intangil requirement and elects to do so.	After May	1, Fee	ee is \$150.00 is \$550.00 is \$61.25	10. Election Campaign Financia Trust Fund Contribution.	ng \$5.00 May Be Added to Fees
•	ria on back)	Make Check Payab	le to D	epartment of S		Added to 1 ees
11.	OFFICERS AN	ID DIRECTORS	TITU	<u> </u>		
NAME	SVOPA, RICHARD T. JA.			4E		
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indicated	on this report or supplemental report	is true and accurate and that m	v sianat	ture shall have th	Section 119.07(3)(i), Florida Statutes, I furth le same legal effect as if made under oath; i r 607, Florida Statutes; and that my name a	hat Lam an officer or director
attachmer	nt with an address, with a crhe like	mowered.		- 3	r 607, Fiorida Statutes, and that my name a	954
SIGNAT	URE: X V	At the			4-29-02	491-2055
	SINATURE AND TYPES OF	PRINTED NAME OF SIGNING OFFICER (	OR DERECT	TOR	Date	Daytime Phone #
	RICHARD .	T. SVOPA, In.				