

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V67049

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90040 040 \*\*\*150.00

813361



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1001 SAXON CT. FL 33510	1001 SAXON CT. BRANDON FL 33510-2311

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1301 Armaryllis Dr
City & State	City & State Brandon FL
Zip	Country
33510	US

4. FEI Number	59-3144825	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRYE, JOHN 1001 SAXON CT. BRANDON FL 33510

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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	DATE 2-14-2000
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																												
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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:	DATE 2-14-2000	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (9/99)