## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

| DOCUMENT # P0100020047 .  1. Entity Name                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                             | Secretary of State 04-11-2002 90702 009 ***150.00                                    |          |
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|                                                                                                                                                                                                                                                                                                                                                                                                       | 2, Irc                                                                                                                                         | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                       | DO NOT WRITE                                                                                                                                   | IN THIS SPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ACE                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |          |
| •                                                                                                                                                                                                                                                                                                                                                                                                     | Place of Business                                                                                                                              | 3. Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . >                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |          |
| 220<br>Suite, Apt                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                | 2201 ARBOR<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Deive.                                                                                                                                                                                                                                                                                                                                                                                                                                      | DO NOT WRITE IN THIS SPACE                                                           |          |
| City & Star                                                                                                                                                                                                                                                                                                                                                                                           | _                                                                                                                                              | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. FEI Number Applied For                                                            | $\Box$   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                   | Country                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                                                                                                                                                                                                                                                                                                                     | 59-37\53\3 Not Applicab  5. Certificate of Status Desired \$8.75 Additional          | le       |
| 3359                                                                                                                                                                                                                                                                                                                                                                                                  | 4                                                                                                                                              | 33594                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7. Name and Address of Current Registered Agent                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                       | . A second of the second                                                                                                                       | Section 1995 and the section of the | Name                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                       | DO NOT WI                                                                                                                                      | RITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      | $\dashv$ |
|                                                                                                                                                                                                                                                                                                                                                                                                       | IN THIS SPA                                                                                                                                    | ACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2201                                                                                                                                                                                                                                                                                                                                                                                                                                        | ARBOR DAKS DRIVE                                                                     | $\dashv$ |
|                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City                                                                                                                                                                                                                                                                                                                                                                                                                                        | FL Zig Code                                                                          | $\dashv$ |
| 9 The above                                                                                                                                                                                                                                                                                                                                                                                           | named entity submits this statement for t                                                                                                      | the purpose of abanding its region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CityALRY                                                                                                                                                                                                                                                                                                                                                                                                                                    | Co FL Zig Code 335594                                                                | $\dashv$ |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                             | Thamed entity submits this statement for t                                                                                                     | ine pulpose of changing its regis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | stered office of registe                                                                                                                                                                                                                                                                                                                                                                                                                    | reo agent, or both, in the State of Florida.                                         |          |
|                                                                                                                                                                                                                                                                                                                                                                                                       | Signature, typed or printed name of registered agent and                                                                                       | d title if applicable. (NOTE: Regi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | istered Agent signature require                                                                                                                                                                                                                                                                                                                                                                                                             | d when reinstating) DATE                                                             |          |
|                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |          |
| Tax filing i                                                                                                                                                                                                                                                                                                                                                                                          | oration is eligible to satisfy its Intangible requirement and elects to do so.                                                                 | January 1 - May 1<br>After May 1, F<br>Amended UB<br>Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ee is \$550.00<br>3R is \$61.25                                                                                                                                                                                                                                                                                                                                                                                                             | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |          |
| Tax filing r<br>(See crite                                                                                                                                                                                                                                                                                                                                                                            | requirement and elects to do so.  ria on back)  OFFICERS AND Di                                                                                | After May 1, Fo<br>Amended UB<br>Make Check Payable to<br>IRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ee is \$550.00<br>3R is \$61.25<br>o Department of Sta                                                                                                                                                                                                                                                                                                                                                                                      | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing i<br>(See crite<br>11,                                                                                                                                                                                                                                                                                                                                                                     | requirement and elects to do so.  rià on back)  OFFICERS AND DE  DIRECTOR, RESENDENT, VP,                                                      | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00<br>3R is \$61.25<br>o Department of Sta                                                                                                                                                                                                                                                                                                                                                                                      | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing r<br>(See crite                                                                                                                                                                                                                                                                                                                                                                            | requirement and elects to do so.  rià on back)  OFFICERS AND DI  DIRECTOR, PRESIDENT, VP,  CURTIS BRITT                                        | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00<br>3R is \$61.25<br>o Department of Sta                                                                                                                                                                                                                                                                                                                                                                                      | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing in (See crite)  11.  TITLE  NAME                                                                                                                                                                                                                                                                                                                                                           | requirement and elects to do so.  rià on back)  OFFICERS AND DE  DIRECTOR, RESENDENT, VP,                                                      | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta                                                                                                                                                                                                                                                                                                                                                                                              | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing I (See crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                             | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, For Amended UB Make Check Payable to IRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ee is \$550.00 3R is \$61.25 Department of Sta  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                 | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing I (See crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                                                                                        | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                                                                                                            | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing I (See crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                             | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                                                                                 | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing in (See crite)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-\$1-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE TITLE                                                                                                                                                                                                                                                                    | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing in (See crite)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME                                                                                                                                                                                                                                              | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-\$1-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                              | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing in (See crite)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-\$1-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE TITLE                                                                                                                                                                                                                                                                    | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing in (See crite)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                          | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-\$1-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                             | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |
| Tax filing I (See crite  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME                                                                                                                                                                                       | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, Fe Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ee is \$550.00 3R is \$61.25 Department of Ste  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME                                                                                                                                                                                                                     | Trust Fund Contribution. Added to Fees                                               |          |
| Tax filing I (See crite  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE                                                                                                                                                                                              | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, Fe Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE                                                                                                                                                                              | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |
| Tax filing II (See crite  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS                                                                                                                                                                                  | DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR DOGS.                                                                                       | After May 1, Fe Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ee is \$550.00 3R is \$61.25 Department of Ste  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                                                                                                                                      | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |
| Tax filing I (See crite  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME                                                                                                                    | Pequirement and elects to do so.  Tid on back)  OFFICERS AND DI  DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR OAKS DO  VALRICO, FL 33594 | After May 1, Fe Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ee is \$550.00 3R is \$61.25 b Department of Sta  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME                                                                                                                                                            | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |
| Tax filing II (See crite  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE | Pequirement and elects to do so.  Tid on back)  OFFICERS AND DI  DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR OAKS DO  VALRICO, FL 33594 | After May 1, Fe Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE TITLE                                                                                                                                                                  | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |
| Tax filing II (See crite  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS                                                                                                    | Pequirement and elects to do so.  Tid on back)  OFFICERS AND DI  DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR OAKS DO  VALRICO, FL 33594 | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 b Department of Sta  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                       | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |
| Tax filing II (See-crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME TITLE NAME                                           | Pequirement and elects to do so.  Tid on back)  OFFICERS AND DI  DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR OAKS DO  VALRICO, FL 33594 | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM                                                                      | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |
| Tax filing II (See-crite  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                           | Pequirement and elects to do so.  Tid on back)  OFFICERS AND DI  DIRECTOR, PRESIDENT, VP,  CURTIS BRITT  2201 ARBOR OAKS DO  VALRICO, FL 33594 | After May 1, For Amended UB Make Check Payable to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ee is \$550.00 3R is \$61.25 Department of Sta  Title NAME STREET ADDRESS CITY-ST-ZIP | Trust Fund Contribution. Added to Fees  DO NOT WRITE                                 |          |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/4/02 Date

(\$13) 453 - 7573 Daytime Phone #