ORIGINAL

020486-TC

CK 7904
$100.00
MC

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name Registration Number: _____

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: ERIC MOSLER

Title: OWNER

Address: 9926 STOCKBRIDGE ~~RD~~ DRIVE

City/State/Zip: TAMPA FL 33626

(A) **Telephone No.:** 813/7925859 **Fax No.:** none

(B) **Internet E-Mail Address:** /

(C) **Internet Website Address:** /

10. If partnership, provide name, title and address of all partners and the partnership agreement:

DEPOSIT D2228 DATE JUN 10 2002

1. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

AUS ____
CAF ____
CMP ____
COM ____
CTR ____
ECR ____
GCL ____
OPC ____
MMS ____
SEC 1
OTH ____