2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2003 8:00 am Secretary of State 05-20-2003 90067 018 ***150.00

Zip Country 5. Certificate of Status District \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Spount, hydrory protect agent of the unpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Spount, hydrory protect agent of the unpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Spount, hydrory protect agent of the unpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Spount, hydrory protect agent of the unpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE NAME TILE DPS MINISTANDERS STREET ADDRESS STREET ADDRE	1. Entity Na		0003107 res, inc.				03-20-2003	70007 01	10 1	30.00
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Street Address (P.O. Box Number is Not Acceptable)				Nam	0				-	_
PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, hyped or protect name of required agent and tide it applicable. (MOTE: Registered Agent Signature required when mindstring) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRET ADDRESS 2400 LOUISIANA BLVD., NE BLDG. 1, STE 400 ALBUQUERQUE NM 87110 DPS LITLE NAME SIRET ADDRESS ALBUQUERQUE NM 87110 DPS LITLE NAME KINGSBURY, ROBERT J SIRET ADDRESS ALBUQUERQUE NM 87110 Change Add Add SIRET ADDRESS ALBUQUERQUE NM 87110 Change Add SIRET ADDRESS CITY-ST-2P ALBUQUERQUE NM 87110 D-10 Change Add SIRET ADDRESS ALBUQUERQUE NM 87110 Change Add SIRET ADDRESS TITLE NAME SIRET ADDRESS CITY-ST-2P ALBUQUERQUE NM 87110 Change Add SIRET ADDRESS TITLE LITLE	· ·			Stree	t Address (F	2.O. Bo	ox Number is Not Acceptable)			
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the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and time is applicable. (NOTE: Registered Agent signature required when reinstating) DATE	1			City				FL	Zip Cod	e
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12. 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 eath; that I am an officer or directed the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an addresse with all other like empowered.	Or the cor	poration or the receiver or trustee empowe	erea to execute this report a	the exemption s ly signature shall as required by C	tated in Sect I have the sa hapter 607, I	tion 1 me le Florida	19.07(3)(I), Florida Statutes, I fur gal effect as if made under oath a Statutes; and that my name ap	ther certify i; that I am i opears in B	that the in an officer o ock 10 or	formation or director Block 11 if