FILED Feb 21, 2003 8:00 am Secretary of State

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2. Principal Place of Business				US												
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414	Zip Country		Zip	Zip Cour			5. Certific			f Status De	sired				ditional	
6. Name and Address of Current Re				egistered Agent				7. N	ame and	ddress	New B	enistered	Fee F	-	ed	
						Name	- ,=					graterou	Mant			
	r, Charles		•			Street Address (R.O. Box Number is Not Acceptable)								_		
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the obliga	ations of regist	y submits this statement i ered agent.	or ma purpo	se or changing its	registere	ed office of	registere	ega age	mi, or both,	in the Stat	te of Flor	ida. Lam	familia	r with,	and acce	pt
CIONATURE		•														
SIGNATURE		or printed name of registered ager	t and title if applic	cable. (NOT	E: Registere	Agent signatu	re required w	when rein	nstating)			DATE				1
	FILE NOW!	FEE IS \$150.00						-				-				\dashv
Afte	er May 1, 200	3 Fee will be \$550.00	. 1				•	1		tion Campa			_	\$5.0	00 May 8	9
Make Chec	k Payable to	Florida Department	of State					- 1	Trust	Fund Con	tribution.	. [J .	Addec	to Fees	
10.		OFFICERS AND	DIRECTOR	S	11.			ADD	ITIONS/CI	HANGES T	O OFFIC	ERS AND	DIREC	TOR	S IN 11	\dashv
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 I hereby c indicated 	ertify that the i	nformation supplied with or supplemental report is	this filing do	es not qualify for t	he exem	ption stated	d in Section	on 119	9.07(3)(i), F	lorida Stat	utes. I fu	rther certi	fy that t	he inf	ormation	
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		SIGNATURE AND TYPED OR P	RONTED NAME O	F SIGNING OFFICER OF	DIRECTOR					Date		Onv	time Phon			1