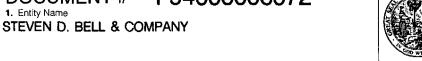
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F9400006072 **DOCUMENT #**





FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91350 006 ***150.00

823 n elm st ste 200 greensboro us		Mailing Address PO BOX 3288 GREENSBORO NC 27402 US 3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.									
33.12 (· · · · · · · · · · · · · · · · · ·	, 0.0.						CHECK HERE IF MAKING CHANGES				
City & State			City & State				4 , F	4. FEI Number 56-1148631			applied For lot Applicable
Zip	C	Country	Zip		Cour	ntry	5 . (Certificate of Status Desired		B.75 Ace Requir	
	6. Name and	Address of Current I	Registere	d Agent			7, N	Name and Address of New Reg	istered Ag	ent	
						Name		,			
	PORATION SYS				Street Address (P.O. Box Number is Not Acceptable)						
	ITH PINE ISLAN										
PLANTATIO	ON FL 33324										ļ
	•					City			FL	Zip Co	de
	tions of registered	d agent.						ent, or both, in the State of Florid		niliar with	, and accept
	Signature, typed or pri	nted name of registered agent a	nd title if appl	icable. (NOTI	E: Registere	d Agent signature r	equired when re	instating)	DATE		
Afte	r May 1, 2003 f	EE IS \$150.00 Fee will be \$550.00 orida Department of	State					Election Campaign Finan- Trust Fund Contribution.	cing		00 May Be ed to Fees
10.		OFFICERS AND [DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	RECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BELL, STEVEN 823 N ELM ST GREENSBORG	Ť		☐ Delete		1			[☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BELL, JACKIE 823 N ELM ST GREENSBORG			☐ Delete					[☐ Change	Addition
TITLE NAME Street Address City-St-Zip	P Harrington 823 N ELM ST Greensbord	EDWARD M		☐ Delete		1			[☐ Change	Addition
TITLE NAME Street Address City-St-Zip	V Barrows, R/ 823 Nelm Sti Greensbord	NY REET		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLATTER, TER 823 N ELM ST GREENSBORG	•		Delete Delete] Change	☐ Addition
CITY-ST-ZIP	V STURGES, LAI 823 N ELM ST GREENSBORG	NC		☐ Delete	CITY	E ET ADDRESS -ST-ZIP				Change	Addition
· · IDOTODY/	PORTIEU INGLINA INT							110 07(3)(i) Florida Statutos I fui			

Thereby 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 true a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment in an indiress, with at other life empowered.

SIGNATURE:

WATED NAME OF SIGNING OFFICER OR DIRECTOR