2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #



FILED
May 01, 2003 8:00 am
Secretary of State

1. Entity Nan		CORPORATION	0000373					05-01-2	003 90:	171 03°	7 ***150.	00
2300 WEST PLANO PARKWAY P.O PLANO TX 75075-8499 PL			Mailing Address P.O. BOX 269005 PLANO TX 75026-9005 US	P.O. BOX 269005 PLANO TX 75026-9005								
2. Principal Place of Business 3. Ma			3. Mailing Address	. Mailing Address							OLUK OLUTA OLUTA	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Star	te		City & State	City & State			4. FEI Number 75-2230700 Applied For Not Applicable					
Zip Country		Zip	Country			5. Certifica	ate of Status De	sired		\$8.75 Ad Fee Require	ditional	
	6. Name	and Address of Current	Registered Agent				7. Name a	nd Address of	New Reg	istered	Agent	
					Name		~					
		ICE COMPANY	•	Street Address (F			O. Box Num	ber is Not Acc	eptable)			
	's street Ssee FL 32:	301			ļ	 .			<u></u>		- _	
				City						FL	Zip Coo	de de
	e named entity tions of registe	y submits this statement fo	r the purpose of changing	its register	ed office o	r registere	ed agent, or t	ooth, in the Stat	e of Florid	da. Iam	familiar with	and accept
SIGNATURE									·			
	Signature, typed	or printed name of registered agent a	and title if applicable. (N	IOTE: Registere	ed Agent signat	ure required v	when reinstating)			DATE		ļ
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State												
Afte	er May 1, 200	3 Fee will be \$550.00	State			-	I	Election Campa Trust Fund Con	-	ncing [00 May Be d to Fees
Afte	er May 1, 200	3 Fee will be \$550.00		11.					tribution.		Adde	d to Fees
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *//@SALLED REDUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Karen L. Anderson 4/23/23 Assistant Treasurer Date

Daytime Phone #