## FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90167 025 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J31042 **DOCUMENT #** 



Principal Place of Business 40 FOUNTAIN PLAZA  BUFFALO FL 14202  Mailing Address 40 FOUNTAIN PLAZA BUFFALO FL 14202		
		HADI ANDKI 1884
2. Principal Place of Business 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc. \( \subseteq \) CHECK HERE IF MAKING C	HANGES	i
City & State	-	pplied For ot Applicable
	<b>8.75</b> Ad ee Require	
	ent	
CT CORPORATION SYSTEM		
1200 S. PINE ISLAND ROAD  Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324  City  FL	Zip Coc	de
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 fam the obligations of registered agent.	lniliar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)  DATE		<del></del> -
FILE NOW!!! FEE IS \$150.00		
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing Trust Fund Contribution.		0 May Be d to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DI	IRECTOR	IS IN 11
TITLE P Delete TITLE NAME  NAME BIDDIX, PATRICK NAME  STREET ADDRESS CHY-ST-ZIP CASSELBERRY FL 32707-3799 CITY-ST-ZIP	☐ Change	☐ Addition
	Change	Addition
TITLE TD Delete TITLE  NAME CORBIN, MICHAEL D  STREET ADDRESS 40 FOUNTAIN PLAZA  CITY-ST-ZIP BUFFALO FL 14202  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change	☐ Addition
TITLE S Delete TITLE  NAME TRYBUS, JANICE R  STREET ADDRESS 40 FOUNTAIN PLAZA  CITY-ST-ZIP  BUFFALO FL 14202  Delete TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change	☐ Addition
TITLE  NAME  BISSETT, WILLIAM J  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Change	☐ Addition
TITLE AS Delete TITLE  NAME BURTON, TERRY C  STREET ADDRESS  CITY-ST-ZIP  BUFFALO NY 14202  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Change	☐ Addition

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 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: MICHAGO DO CHEBON MICHAEL