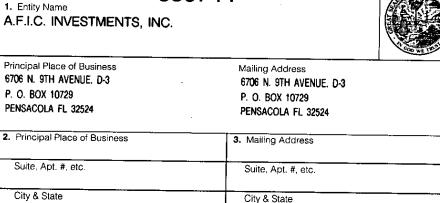
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## J50744 DOCUMENT #



## **FILED** Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90087 013 \*\*\*150.00

P. O. BOX 10729 PENSACOLA FL 32524		P. O. BOX 10729 PENSACOLA FL 32524		I KARINIA ATAH BUNU BANU KARIN BURU BURU BURU BURU	I BIBN SIBN BIBN BIBN BIBN 1991	
2. Principal Place of Business		3. Mailing Address			#1411 61611 <b>418</b> 11 61611 <b>418</b> 11 19 <b>9</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2752486	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
₩.			Name			
EMMANUEL, PATRICK G.S.,						
30 SOUT	'h spring		Street Addre	ess (P.O. Box Number is Not Acceptable)		
PENSAC	OLA FL 32501					
<u>kong jeung</u>			City	F		
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I arr	familiar with, and accept	
the obligations of registered agent.						
SIGNATURE						
<u>.                                    </u>	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature req	uired when reinstating) DATE		
F	FILE NOW!!! FEE IS \$150.00					
After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.00 May Be	
Make Chec	k Payable to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE	VPD	☐ Delete	TITLE	ABBITIONS/CHANGES TO OFFICERS AN		
NAME	BAROCO, RONALD ANTHONY		NAME		☐ Change ☐ Addition   8	
STREET ADDRESS	6706 N. 9TH AVE.		STREET ADDRESS		\ <del>\</del>	
CITY-ST-ZIP	PENSACOLA FL 32504		CITY-ST-ZIP		185	
TITLE	PD	☐ Delete	TITLE			
NAME	BAROCO, J H JR	Doloto	NAME		☐ Change ☐ Addition   È	
STREET ADDRESS	6706 NORTH 9TH AVENUE		STREET ADDRESS		ļ	
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		1	
TITLE	SD	☐ Delete	TITLE	سانه در پوهمر د ۲		
NAME	BAROCO, VICKI ANN		NAME		Change	
STREET ADDRESS	6706 N. 9TH AVE		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504		CITY-ST-ZIP			
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	NOONAN, MARY ANTONIA		NAME		☐ Change ☐ Addition	
STREET ADDRESS	6706 N. 9TH AVE		STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504		CITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME	•	☐ Change ☐ Addition	
STREET ADDRESS		-	STREET ADDRESS	¥		
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filling 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

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS



☐ Delete

☐ Addition