## FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #  $\angle$  86550

CHARDIANS HIP SERVICES OF SOUTH ENDING



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90637 049 \*\*\*158.75

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2. Principal I	Place of Business	3. Mailing Address	<i>a</i> > 2	·· · · . · . · . · . · · · · ·			
Suite Apt. #, etc.  Suite Apt. #, etc.			1823	DO NOT WRITE IN THIS SPACE			ACE
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City & Sta	le EL	City & State	E)		El Number 5 - 020 2550	, }	Applied For Not Applicable
Zip	Country	- Zip -	Country			<u>/</u> \$8	3.75 Additional
33919	Country USA	33906-6823	USA		Certificate of Status Desired	Fe Fe	e Required
			Name:	7. Na	me and Address of Curre	nt Registered A	gent
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igge people of the	AND A STATE OF THE PARTY OF THE	where the same Controlled the same and the same of the same of the	Street A	ddress (P.O. Bo	ox Number is Not Acceptat	ole)	
	IN THIS SP	ACE		/_ <del></del>	21 CC PURCH		
			City City	00.0	*	C1	Zip Code
			P	t. Myers	5	FL	33919
8. The above the distinga	e named entity submits this statement to	r the purpose of changing its	registerea office o	r registereo age	ent, or both, in the state of r	-ionda. i am iami	mar with, and accept
		^			. 5	120/0.	≥
SIGNATURE	Signature, typed or printed name of registered agent a	indicite inapplicable. (NOTE	: Registered Agent signa	ure required when rei	nstating)	DATE	<del></del>
Ja	nuary 1 - May 1 Fee is \$150.00		· · · · · · · · · · · · · · · · · · ·				45.00
After May 1, Fee is \$550.00 - Amended UBR is \$61.25					Election Campaign F     Trust Fund Contributi		\$5.00 May Be Added to Fees
Make Checi	k Payable to Florida Department of	Contractive manufactures.					
10.	OFFICERS AND	DIRECTORS		ı		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hill Same Services
TITLE .	TRIPPAUY, DAVID		TITLE NAME				
STREET ADDRESS	C676 Fiesta Way		STREET ADDRESS			2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
CITY-ST-ZIP	Ft. Myers, FL 3391	9	CITY-ST-ZIP		traviate sea and the	<u> </u>	
TITLE	5 '	<del> </del>	TITLE		——————————————————————————————————————		
NAME	TREIPPANY, SHIRLEY		NAME .	カップと 真空書	· · · · · · · · · · · · · · · · · · ·	<b>成于沙海</b> 斯 (1966)	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	ldo76 Fiesta Way	^	STREET ADDRESS		ing the state of t	200	
CITY-ST-ZIP	Ft. Myers, FL 3391	9					
TITLE NAME	PRALESO FOLTH		TITLE NAME			18 4 4 4	
STREET ADDRESS	ROBINSON, EDITH 6676 Fiesta Way		STREET ADDRESS	la minimum and Bellevillen		VAIDIT	
CITY-ST-ZIP	Ft. Myers, FL 3391	9	CITY-ST-ZIP	r 1994 og partillere	DO NOT	AAKII	
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other type empowered.

FICER OR DIRECTOR

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

SIGNATURE: