2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000005403



FILED Apr 21, 2003 8:00 am Secretary of State

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2. Principal Place of Business		3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Number 59	3626112			oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate of Sta	itus Desired		8.75 Ado	litional
	6. Name and Address of Curre	nt Registered Agent				7. Name and Addr	ess of New Re			
			777 2 2 2	Name		·				
HODGES, PERRY W JR				Street Ar	idress (P	O. Box Number is N	ot Acceptable)	 -		
644 SE 4TH AVE				Oliver Ac	Juli C33 (1 .	O: Box Namber is 14	ot Acceptable)			
FT LAUDE	ERDALE FL 33301-3102									_
				City			<u></u>	FL	Zip Code	e
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	e named entity submits this statement tions of registered agent.	for the purpose of cha	anging its regist	tered office or	registere	d agent, or both, in t	ne State of Flori	da. Tam fan	niliar with,	and accept
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SIGNATURE	<u></u>	- 								}
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Regist	tered Agent signatu	re required w	when reinstating)		DATE		Ì
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44		Tru	ist Fund Contrib	oution. I	ر ليا	Added to Fees	Florida	a Departm	ent of S	State
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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 617, 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 the empowered.

GNATURE:

WORMER CONTROL OF THE CO

SIGNATURE:

4-16-03 954-261-4445