## **2003 NOT-FOR-PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N9400002733

## **FILED** Apr 09, 2003 8:00 am Secretary of State

ST. AN	NDREWS PARK PLACE CONDOMI		04-09-2003 90180 030 ****61.25								
4421 THO	Place of Business MAS DRIVE CITY FL 32408	Mailing Address 4421 THOMAS DRIVE PANAMA CITY FL 32408								n <b>a</b> keta i <b>ku</b> k	
2. Princi	ipal Place of Business	3. Mailing A	Address								
Suite	Apt. #, etc.	Suite, A	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City 8	S State	City & S	City & State				4. FEI Number <b>62-1845930</b> Applied For Not Applicable				
Zip	Country	Zip C			ntry		5. Certificate of State	us Desired	\$8.75 Addi		
6. Name and Address of Current Registered Agent								ss of New Registere	d Agent		
			·	<del></del>	≔Name=				<del> </del>		
BECKER & POLIAKFF, P.A. 248 MIRACLE STRIP PKWY SW STE 7					Street A	ddress (F	ress (P.O. Box Number is Not Acceptable)				
FORT	T WALTON BEACH FL 32548										
					City			F	L Zip Code	•	
			<del>,</del>							and accept	
: !	Signature, typed or printed name of registered agent a	nd title if applicable	, (NOTE	Registered	d Agent signatu	re required s	when reinstating)	DATE			
	FÍLE NOW: FEE IS \$61.25  9. Election Campaign Trust Fund Contribu				-		\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable t artment of S		
10.	OFFICERS AND DIR	ECTORS		11.		Α	DDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADD CHY-ST-ZII	1		☐ Delete	1					☐ Change	Addition	
TITLE NAME	VD EVERETT, KEN 554 OPPERT ROAD		☐ Delete		•	TREA	suple		<b>⊿</b> Change	☐ Addition	
TITLE NAME STREET ADD CITY-ST-ZI			Delete			·			Change	☐ Addition	
TITLE NAME STREET ADD CITY-ST-ZI			☐ Delete		ET ADDRESS -ST-ZIP		x sheetze	er	<b>□</b> Change	Addition	
TITLE NAME STREET ADD	DRESS		□ Delete			Vice Hng 109	Pacsident Holloway SANDY SPA	Lings Road	☐ Change	Addition	
TITLE NAME STREET ADD	PRESS		☐ Delete			Den 166 Enf	Holloway SANDY SAR HAN, AL 3 WY Whiteher Robert ELE ALA, AL 3	ead eway 6027	☐ Change	Addition	

12. Thereby 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 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 like empowered.

SIGNATURE: