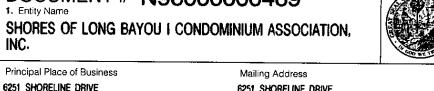
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600000469



Jan 21, 2003 8:00 am § Secretary of State 01-21-2003 90097 036 ****61.25

FILED



ST. PETERSBURG FL 33708		ST. PETERSBURG FL 33708					
				1 200/1101 010 1011	T Albie Hairi Bairi Barii Akiii Abaii	aeisi alaia d	(151 6 10 16 1 00 1
2. Principal	Place of Business	3. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		HECK HERE IF MAKING (CHANGES	ı
City & State		City & State	City & State				
		Sily a Sials		4. FEI Number 59.	3360035		pplied For ot Applicable
Zip Country		Zip	Country	5.00-15-1-10-1		8.75 Ad	
				Fee Required			
6. Name and Address of Current Registered Age			Name	7. Name and Address of New Registered Agent			
JAKEWA	AY, LÝNN	**					
6251 SHORELINE DRIVE			Street Address ((P.O. Box Number is Not Acceptable)		
#2302							
SEMINO	LE FL 33708		City			Zip Cod	
D. The state					FL	i '	
the obliga	e named entity submits this statement fo ations of registered agent.	r the purpose of changing i	its registered office or regis	tered agent, or both, in th	e State of Florida. I am fan	niliar with,	and accept
J							
SIGNATURE							
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	OTE: Registered Agent signature requi	ired when reinstating)	DATE	1	
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		Make Check F		
		i ildəti dild	Contribution.	Added to Fees	Florida Departm	ent of S	itate
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	10
TITLE	PD correction	☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	GRECO, JOE	•	NAME	•			
CITY-ST-ZIP	6251 SHORELINE DR #2204 SEMINOLE FL 33708		STREET ADDRESS CITY-ST-ZIP				
TITLE	VPD	☐ Delete	TITLE				
NAME	JAKEWAY, LYNN	L Delete	HILE			7.00	
STREET ADDRESS			NAME			Change	☐ Addition
	6251 SHORELINE DRIVE, #2302		NAME Street Address			☐ Change	∐ Addition
CITY-ST-ZIP	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708		_] Change	L.] Addition
TITLE	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	·		Change Change	☐ Addition
TITLE NAME	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD GREEN, BARBARA	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	Jan Jangar a			
TITLE	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD GREEN, BARBARA 6251 SHORELINE DRIVE, #2301	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE				
TITLE NAME STREET ADDRESS	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD GREEN, BARBARA		STREET ADDRESS CITY-ST-ZIP TITLE NAME- STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD GREEN, BARBARA 6251 SHORELINE DRIVE, #2301 SEMINOLE FL 33708 SD WERTZ, ALDENE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME- STREET ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD GREEN, BARBARA 6251 SHORELINE DRIVE, #2301 SEMINOLE FL 33708 SD WERTZ, ALDENE 6251 SHORELINE DRIVE, #2206		STREET ADDRESS CITY-ST-ZIP TITLE NAME- STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD GREEN, BARBARA 6251 SHORELINE DRIVE, #2301 SEMINOLE FL 33708 SD WERTZ, ALDENE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME- STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	6251 SHORELINE DRIVE, #2302 SEMINOLE FL 33708 TD GREEN, BARBARA 6251 SHORELINE DRIVE, #2301 SEMINOLE FL 33708 SD WERTZ, ALDENE 6251 SHORELINE DRIVE, #2206	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME- STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Change	Addition 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 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

727-319 0850

☐ Change

Addition