FILED Apr 30, 2003 8:00 am Secretary of State

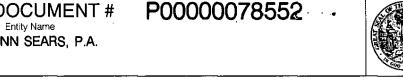
04-30-2003 90317 015 ***150.00

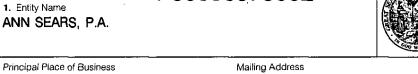
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

PENSACOLA FL 32504

SIGNATURE





6160 N DAVIS HW PENSACOLA FL 3			6160 N DAVIS HWY. SUITE 8 PENSACOLA FL 32504		
2. Principal Place	e of Business	3. Mailing Addres	s		
Suite, Apt. #, e	etc.	Suite, Apt. #, et	<u>. </u>		
City & State		City & State		4. FEI	
Zip	Country	Zip	Country	5. Cer	
	6. Name and Address of Ci	urrent Registered Agent		7. Nan	
05450 4151			Name		
SEARS, ANN 6160 N DAVIS	S HWY, SUITE 8		Street Ac	idress (P.O. Box	

LJ	CHECK	HERE	IF I	MAKING 		
er	50.400					Applied For

59-3668506	Not Applicabl
tificate of Status Desired	\$8.75 Additional

Fee Required

_	7. Name and	Address of N	ew Registere	d Agent	

	7. Name and Address of New Registered Agent						
Name							
Street Addr	ess (P.O. Box Nu	ımber is Not Accep	table)				
		•	•				
			· · · · · · · · · · · · · · · · · · ·				
City				Zip Code			
Oity				2.0000			

8.	The above named entity submits this statement for the purpose of changing its register	red office or registered agent,	, or both, in the State of Florida.	I am familiar with	, and accept
	the obligations of registered agent.			1	

FILE	NOW!!!	FEE	S \$15	50.00	
844-198-	4 0000		.01 1	AFER 00	
ATTER ME	ı v 1, 2003	ree w	/III be	ふりりひししし	

(NOTE: Registered Agent signature required when reinstating)

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be

	k Payable to Florida Department of State	· 1			☐ Added	I to Fees
10.	OFFICERS AND DIRECTOR	RS .	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEARS, ANN 6160 NORTH DAVIS HIGHWAY #8 PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	.THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 607, 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: