## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

, UN	IFORM BUSINE	SS REPORT	(UBR)	May 01, 2003 8:00 am	
1. Entity Nam		00097939		Secretary of State 05-01-2003 90361 005 ***150.00	
	e of Business CREEK DR. N. RBOR FL 34695	Mailing Address 154 WOODCREEK DR. N. SAFETY HARBOR FL 34695	CO WE T		
2. Principal P	Place of Business Ave. N.	3. Mailing Address 4 500 /40 /	Ave. North		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	water, FL	City & State	TL	4. FEI Number 91-2163485 Applied For Not Applicable	]
Zip ろ <b>2</b> :1	-62 Country USA	Zip 3742	Country USA	5. Certificate of Status Desired See Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
I AWDEN	ICE, JON		Name		
	ODCREEK DR. N.		Street Address	(P.O. Box Number is Not Acceptable)	
	HABOR FL 34695				
			City	FL Zip Code	1
		or the purpose of changing its regi	istered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	lons of registered agent.				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature require	d when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWRENCE, STANLEY JON 154 WOODCREEK DR. N. SAFETY HARBOR FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, THERESIA 154 WOODCREEK DR. N. SAFETY HARBOR FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ *******	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	s true and accurate and that my si- owered to execute this report as re	ignature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

(727)532-0603

Daytime Phone #