2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000003085 **DOCUMENT #**

1. Entity Name

#A

US

City & State

10010 SURREY FARMS LN TALLAHASEE FL 32309

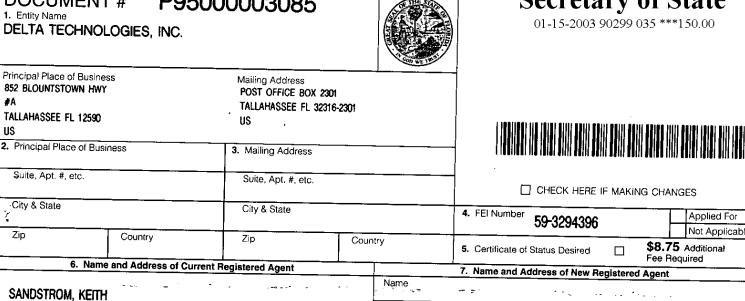
Zip

SIGNATURE



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90299 035 ***150.00



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

City

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

Applied For

\$8.75 Additional

Not Applicable

After May 1, 2003 Fee will be \$550 on

Make Check Payable to Florida Department of State				Trust Fund Contribution.		U May Be to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDSTROM, KEITH P.O. BOX 2301 TALLAHASSEE FL 32316-2301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABBITIONS/CHANGES TO OFFICERS AN	□ Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, ROBERT 8642 SW 63RD CT OCALA FL 34476	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, JOAN 8642 SW 63RD CT OCALA FL 34476	□ Delete	TITLE NAME _ STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jenkins; Ellen P.O. Box 592, n/A Crawfordville FL 32326	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDSTROM, DIANE P.O. BOX 2301 TALLAHASSEE FL 32316-2301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR