2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	ne			FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91369 045 ***150.00
Principal Plac 960 S. MCCAI ENGLEWOOD		Mailing Address 960 S. MCCALL ROAD ENGLEWOOD FL 34223		
2. Principal F	Place of Business	3. Mailing Address		- I HODINOCH KIT FORTO DYNN DONN DENN DENN TODIN DENN JANN DEDAT JOHN FOLD HADD
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	te	City & State		4. FEI Number 65-0718753 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
	•		Name	
MASHKE,			Street Address	(P.O. Box Number is Not Acceptable)
	CCALL ROAD DOD FL 34223			
ENGLEVIC	JOU FL 34223		City	E I Zip Code
				ered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	ILE: NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Mashke, Roger 172 Bunker RD Rotonda West Fl 34947	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECLERCO, JANE 5005 LACY ST. NORTH PORT FL 34286	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASHKE, STEVEN 6215 CATALAN STREET ENGLEWOOD FL 34224	☐ Delete	TITLE NAME STREET ADDRESS GITY-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-SŤ-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
12. Thereby o	Lertify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emi or on an attachment with an address	th this filing does not qualify for is true and accurate and that powered to execute this report with all other like empayment	or the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

195/03

941-474-2537