2003 FOR PROFIT CORPORAT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Apr 03, 2003 8:00 am	
DOCU	MENT # P9800	0075192	THE ST	Secretary of State	
1. Entity Nam				04-03-2003 90150 021 ***158.75	
	e of Business H AURORA AVENUE FL 33765	Mailing Address 408-412 SOUTH AURORA A CLEARWATER FL 33765	VENUE		
408-4		3. Mailing Address P. O. Box	1167	1 10 6 10 60 11 10 10 10 10 10 10 10 10 10 10 10 10	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Stat	e lutior	City & State CLEANUA FEA	ν <u>"</u>	4. FEI Number 59-3532129 Applied For Not Applicable	
Zip 3776	Country U.S.A	Zip 33757	Country U · S · A	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent	Name	7. Name and Address of New Registered Agent	
Doreza, Bella f 408-412 South Aurora avenue			,	ddress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 33765					
City			FL Zip Code		
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.					
SIGNATURE .	Dufferry			3-25-93	
		d title if applicable. (NOTE: F	Registered Agent signature	re required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFIGERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	P DOREZA, MARIANO N 408-412 SOUTH AURORA AVENU	☐ Delete	TITLE NAME STREET ADDRESS	DIRECTOR Change PAddition MELLHON R. FLOR 408 S. AURONA AVE	
CITY-ST-ZIP	CLEARWATER FL 33765	-	CITY-ST-ZIP	CLEMNWATER FL 33765	
TITLE NAME	V Doreza, Bella F	☐ Delete	TITLE NAME	CLEMNWATER, FL 33765 FLOROELIZA A. NACION Change Praddition DIRECTOR	
STREET ADDRESS CITY-ST-ZIP	408-412 SOUTH AURORA AVENU CLEARWATER FL 33765		STREET ADDRESS CITY-ST-ZIP	408 S. AUROKA AUC CLEXNWATEN, FL 33765	
TITLE.		→ □ Delete .	TITLE	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DIGINATURE TIMARIANION. DOILEZA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(927) 446-2708