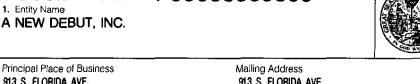
04-23-2003 90079 029 ***150.00

FILED Apr 23, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR P99000059300

DOCUMENT # 1. Entity Name



| | | | | V SHEET | | | | |
|--|---|--|--------------|--|-----------------------------------|---|---------------------------|---------------|
| Principal Place of Business 913 S. FLORIDA AVE. LAKELAND FL 33803-1115 | | Mailing Address 913 S. FLORIDA AVE. LAKELAND FL 33803-1115 | | | | 11007972 | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | ##### #### | IRMI OOM HORI |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. F | . FEI Number 59-3602120 Applied F | | plied For t Applicable | |
| Zip Country | | Zip | Zip Country | | 5. (| 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| C. Name and Address of Covered Devictored Avent | | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | | Name | | | | |
| Jones, Ernie ESQ. 1958 E. Edgewood Dr. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| LAKELAND FL 33803 | | | | | • | | <u> </u> | |
| | | | | City FL Zip Code | | | | |
| the obligat | ions of registered agent. Signature, typed or printed name of registered ag | | | d Agent signature rec | | ent, or both, in the State of Fiorida. I am f | amiliar with, | ала ассері |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floriga Department of State | | | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. | | AD | DITIONS/CHANGES TO OFFICERS AND | DIRECTORS | S IN 11 |
| TITLE . NAME' STREET ADDRESS CITY-ST-ZIP | D BELLAMY-WEST, PATRICIA 845 S. NEW YORK AVE. LAKELAND FL\$33815 | ☐ Delete | NAM. STRE | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEST, KENNETH O JR. 845 S. NEW YORK AVE. LAKELAND FL 33815 | ☐ Delete | NAMI STRE | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | بالموسوف في سيسيور الماليدية | ∵ Telete | NAMI STRE | | ·* | ള പ [്] രമും അമാദ്യം എന്ന വുള്ളുകൾ | Change | ☐ Addition { |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAMI STRE | 1 | | | ☐ Change | Addition |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |

CITY-ST-ZIP CITY-ST-ZIP 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition