FILED Mar 03, 2003 8:00 am & Secretary of State

03-03-2003 90904 047 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

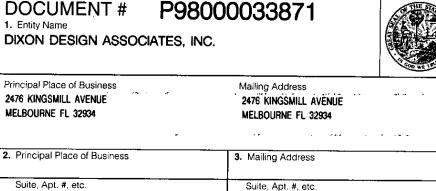
DOCUMENT #

City & State

Zip

SIGNATURE

CITY-ST-7IP





CHECK	HERE	ίF	MAKING	CHANGES

City & State 4. FEI Number Applied For 59-3517445 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

Name DIXON, WINONA J Street Address (P.O. Box Number is Not Acceptable) 2476 KINGSMILL AVENUE **MELBOURNE FL 32934**

City 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.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE'IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 JITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DIXON, WINONA J NAME STREET ADDRESS 2476 KINGSMILL AVENUE STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32934** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete* TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

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

SIGNATURE AND TYPED

STREET ADDRESS

CITY-ST-ZIP

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