## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N39058**

1. Entity Name



Mar 12, 2003 8:00 am Secretary of State 03-12-2003 90118 041 \*\*\*\*61.25

**FILED** 

IX AND SEVEN, INC.	OF SKY LAKE SOUTH UNITS S	
Principal Place of Business	Mailing Address	
POST OFFICE BOX 772243 DRLANDO FL 32877-2243 US	POST OFFICE BOX 772243 ORLANDO FL 32877-2243 US	

POST OFFICE BOX 772243 ORLANDO FL 32877-2243 US  2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Tip Country Street Address of Name and Address of New Registered Agent MIRANDA, CHRIS 2902 WOOLRIDGE DR.  POST OFFICE BOX 772243 ORLANDO FL 32877-2243 US  Suite, Apt. #, etc. City & State City & State City & State City & State Country Street Address (P.O. Box Number is Not Acceptable)	AKING CHANGES  Applied For Not Applicable  \$8.75 Additional Fee Required  lered Agent
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  The Miranda Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)	AKING CHANGES  Applied For Not Applicable  \$8.75 Additional Fee Required  lered Agent
Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  The Miranda Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)	AKING CHANGES  Applied For Not Applicable  \$8.75 Additional Fee Required  lered Agent
City & State  City & State  4. FEI Number 59-2937141  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Regist  Name  Name  Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable \$8.75 Additional Fee Required sered Agent
Zip Country Zip Country 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Regist Name Name Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Regist  Name  Name  Street Address (P.O. Box Number is Not Acceptable)	Fee Required ered Agent
MIRANDA, CHRIS  Street Address (P.O. Box Number is Not Acceptable)	
MIRANDA, CHRIS  Street Address (P.O. Box Number is Not Acceptable)	ur et T
ORLANDO FL 32837	
	Zip Code
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. the obligations of registered agent.	I am familiar with, and accept
• • • • • • • • • • • • • • • • • • •	,
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
	Check Payable to epartment of State
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 10
TITLE PD Delete TITLE	☐ Change ☐ Addition
NAME STEVENSON, BOB NAME	
STREET ADDRESS 11104 HAMBLEY AVE.	
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TITLE STD Delete TITLE  NAME MIRANDA, CHRIS NAME	☐ Change ☐ Addition
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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 of 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

REQUIRED

3-10-03

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