2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Apr 28, 2003 8:00 am Secretary of State				
DOCU	MENT # P9300	0033442	() H			Secretar	'y o i	t Sta	te
1. Entity Nam						04-28-2003 91	426 032	? ***150.0	00
Principal Place of Business 6100 PAYNE STEWART DRIVE WINDERMERE FL 34786 US Mailing Address 200 SOUTH ORANGE AV SUITE 2300 ORLANDO FL 32801-3432 US			ENUE						
2. Principal Place of Business		3. Mailing Address			1 () 1		11 /4/ 00/00 1	ELMA IAKAI OLOIT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	ber 59-3179448			plied For
Zip	Country	Zip	Country		5. Certifica	te of Status Desired		8.75 Add	
	6. Name and Address of Current R	egistered Agent			7. Name ar	d Address of New Reg	istered A	gent	
100.00				Name					
A.G.C. CO., 200 SOUTH ORANGE AVENUE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 2300									
ORLANDO FL 32801-3432			City	FL Zip Code					
the obligat	named entity submits fais statement for ions of registered agent. Signature, typed or printed name of registered agent an		registered office of			oth, in the State of Florid	da. I am fa	miliar with,	and accept
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 Trust Fund Contribution. \$5.00 Market Fund Contribution.					
10	OFFICERS AND D	IRECTOR\$	11.		ADDITIONS	S/CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERTON VIVIENNE 6100 PAYNE STEWART DRIVE WINDERMERE FL 34786	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KAY, CHRISTOPHER K 6100 PAYNE STEWART DRIVE WINDERMERE FL 34786	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VOSS, JEFFERSON R 6100 PAYNE STEWART DRIVE WINDERMERE FL 34786	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		3 4	-1-	·	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6100	PAYNE	PIERCY STEWART DR.		☐ Change	X 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-ST-ZIP		,		*	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 the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the receiver or trustee empowered to the state of the corporation of the corpo

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR