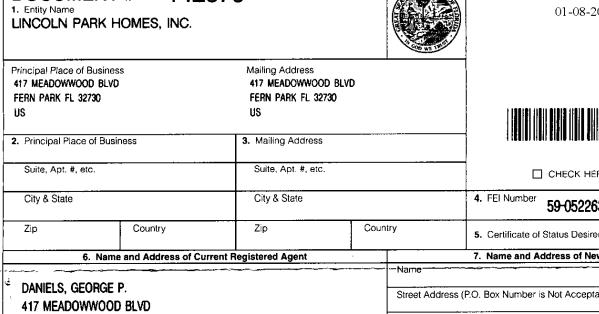
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## 142670 DOCUMENT #

CITY-ST-ZIP



## FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90091 046 \*\*\*150.00

| 417 MEADOW<br>FERN PARK F<br>US<br>2. Principal P | WOOD BLVD<br>EL 32730                    |                                         | 417 MEADOWWOOD BLVD FERN PARK FL 32730 US  3. Mailing Address |                                   |                                                    |         |                                                                   |          |                          |                               |                |
|---------------------------------------------------|------------------------------------------|-----------------------------------------|---------------------------------------------------------------|-----------------------------------|----------------------------------------------------|---------|-------------------------------------------------------------------|----------|--------------------------|-------------------------------|----------------|
| Suite, Apt. #, etc. City & State                  |                                          |                                         | Suit                                                          | Suite, Apt. #, etc.  City & State |                                                    |         | ☐ CHECK HERE IF MAKING CHANGES                                    |          |                          |                               |                |
|                                                   |                                          |                                         | City                                                          |                                   |                                                    |         | 4. FEI Number 59-0522633                                          |          |                          | Applied For<br>Not Applicable |                |
| Zip                                               |                                          | Country                                 | Zip                                                           |                                   | Country                                            |         | Certificate of Status Desired                                     |          | \$8.75 Ad<br>Fee Require |                               |                |
|                                                   | 6. Name                                  | and Address of Current                  | Registere                                                     | ed Agent                          |                                                    | 7       | '. Name and Address of New R                                      | egistere | d Agent                  |                               | ┨.             |
| DANIELS,<br>417 MEAD<br>FERN PAR                  | BLVD                                     |                                         |                                                               | Street A                          | Street Address (P.O. Box Number is Not Acceptable) |         |                                                                   |          |                          |                               |                |
| · FENN FAR                                        | TR FL 32/3                               | U                                       |                                                               |                                   | City                                               |         |                                                                   | F        | L Zip Coo                | le                            |                |
| the obligat SIGNATURE FI After                    | Signature typed  ILE NOW!!  r May 1, 200 |                                         | and title if app                                              |                                   | : Registered Agent signat                          |         | en reinstating)  9. Election Campaign Fin Trust Fund Contribution | DATE     | \$5.0                    | OO May Be                     |                |
| 10.                                               |                                          | OFFICERS AND                            | DIRECTO                                                       | RS                                | 11.                                                |         | ADDITIONS/CHANGES TO OFF                                          | ICERS A  | ND DIRECTOR              | S IN 11                       | ا ا            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             | 417 MEA                                  | MARNE J.<br>DOWWOOD BLVD<br>RK FL 32730 |                                                               | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |         | -                                                                 |          | Change                   | ☐ Addition                    | (00/04/ 40/00) |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    | 417 MEAC                                 | GEORGE P<br>DOWWOOD BLVD<br>RK FL 32730 |                                                               | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |         |                                                                   |          | ☐ Change                 | ☐ Addition                    | 1              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             |                                          | GREGORY J.<br>CLIFF CIRCLE<br>FL 32428  |                                                               | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |         |                                                                   |          | ☐ Change                 | ☐ Addition                    |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             |                                          | ARBARA G<br>HILL CRCL.<br>DD FL         |                                                               | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP              | Table 1 |                                                                   |          | ☐ Change                 | ☐ Addition                    |                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP             |                                          |                                         |                                                               | ☐ Delete                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |         |                                                                   |          | ☐ Change                 | ☐ Addition                    |                |

TITLE ☐ Delete TITLE MILLER, BARBARA G NAME NAME 237 NOB HILL CRCL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMDANIELS Presidex