		IESS REPOR	IT (UBR)		FIL Mar 29, 20 Secretary	000 8:0 y of Sta	ite	
SUITE B		Mailing Address P O BOX 1448 N/A PALMETTO FL 34220-1448 US			No. (1816 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818	(A) (B) (B) (B) (B) (B) (B) (B) (B) (B)	11 418 (1 1 48)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Num		Ap	plied For	
Zip	Country		Country		ate of Status Desired	\$8.75 Add Fee Required	litional	
	6. Name and Address of Current Re	gistered Agent	Name		nd Address of New Registe	erea Agent		
LECKEY, PHILLIP D 9115 58TH DRIVE E SUITE B				Street Address (P.O. Box Number is Not Acceptable)				
	DENTON FL 34202		City			FL Zip Code)	
SIGNATURE _	named entity submits this statement for the		gistered office or regist			DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		tate	Election Campaign Financin Trust Fund Contribution.	☐ Added	0 May Be to Fees	
11.	OFFICERS AND DIF		12.	ADDITION	IS/CHANGES TO OFFICERS			
NAME STREET ROUTES CITT STEET	V Murrell, John R. 5803 Braden Run Bradenton Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PURSLEY, TRICIA K. 5803 BRADEN RUN BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SANDERS, L. 5803 BRADEN RUN BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P LECKEY, PHILLIP 5803 BRADEN RUN BRADENTON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOFORTH, RONNIE 5803 BRADEN RUN BRADENTON FL	☐ 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	
13. I hereby condicated of the	certify that the information supplied viry the on this report or supplemental report is troporation or the receiver or trustee problems or on an attachment with an address with the control of the contr	is filing does not qualify for the up and accurate and that my serel to execute this report as in a pher like empowered.	PHILLIF	Section 119.07(le same legal eff 07, Florida Statu P D. LECK	.	ner certify that the in that I am an officer nears in Block 11 or Daylime Phone #	iformation or director Block 12 if	