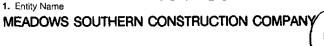
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## 191705 **DOCUMENT#**





Principal Place of Business Mailing Address

**FILED** Jul 22, 2003 8:00 am Secretary of State 07-22-2003 90049 045 \*\*\*150.00

P O BOX 10 ROUTE 4 SOUTH GASSAWAY WV 26624		P O BOX 10 ROUTE 4 SOUTH GASSAWAY WV 26624				
2. Principal Place of Business		3. Mailing Address			1611 91014 B1011 01014 B1011 1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	е	City & State		4. FEI Number 59-1484537	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	Name		
LEWIS, CI			Street Addres	ss (P.O. Box Number is Not Acceptable)		
	EANDER DR					
ORLANDO FL 32807						
			City	FL	Zip Code	
the obligati	ions of registered agent.  Signature, typed or printed name of registered agent.		registered office or regis	stered agent, or both, in the State of Florida. I am  Juired when reinstating)  DATE	amiliar with, and accept	
After Sep Make Check	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of	f State		Election Campaign Financing     Trust Fund Contribution.   Contribution.		
10. <u>t</u> r	OFFICERS AND	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEADOWS, KENTON RT 4 NORTH GASSAWAY, WV 00000	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKS, HERBERT RT 4 SOUTH GASSAWAY, WV 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWS, ACEL RT 4 NORTH GASSAWAY, WV 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 🗀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portific that the information as a first the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07/3Vi) Florida Statutos i further con	Change Addition	

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, Turther 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.

SIGNATURE: <u></u>

KENTON MEADOWDUIPE TKENTON MEADOWS

7-16-2003