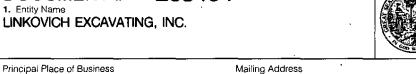
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

238464 **DOCUMENT #**



FILED									
Apr 21, 2003 8:00 am									
Secretary of State									
04 21 2003 91057 048 ***150 00									

1632 E NEW 1 DELAND FL 3			1632 E NEW YORK AVE DELAND FL 32724							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. 1	FEI Number 59-0907186		Applied For	
Zip	Cou	intry	Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required		additional		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
	EW YORK AVE	<u> </u>	Street Address			(P.O. Box Number is Not Acceptable)				
DELAND F	-L 32/24				City			FL Zip Co	ode	
	named entity submons of registered a		e purpose of changing its	registere	L ed office or re	gistered ag	ent, or both, in the State of Florida.	I am familiar wit	h, and accept	
SIGNATURE .	Signature, typed or printer	I name of registered agent and	title if applicable. (NOTE	Registere	d Agent signature :	required when re	einstating) E	DATE		
After	LE NOW!!! FE May 1, 2003 Fed Payable to Flori		tate				Election Campaign Financin Trust Fund Contribution.		.00 May Be led to Fees	
10.		OFFICERS AND DI	RECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINKOVICH, DA 1632 E NEW YO DELAND, FL 00	ork, ave	☐ Delete					☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINKOVICH, RA 1632 E NEW YO DELAND, FL 00	ORK, AVE	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LINKOVICH, AN 1632 E NEW YO DELAND, FL 00	ork, ave	☐ Delete					Change	Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		matica ou un l'annual de	☐ Delete	CITY	E ET ADDRESS -ST-ZIP	Lie Co-store	119 07(3)(i) Florida Statutes I furthe	Change		

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. 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.

SIGNATURE:

SIGNATURE REQUIRED