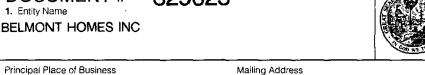
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Apr 30, 2003 8:00 an	n
Secretary of State	

2003	FOR	PROFIT (ORPOR	ATION
UNIFO	RM B	USINESS	REPORT	r (UBR)

DOCUMENT # 329625

1. Entity Name



Principal Place of Business 2321 S. RIDGEWOOD AVE.

2321 S. RIDGEWOOD AVE.

EDGEWATER FL 32141 US	•
3. Mailing Address	
Suite, Apt. #, etc.	
City & State	<u> </u>
Zip Country	
	3. Mailing Address Suite, Apt. #, etc. City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1212427 5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Trust Fund Contribution.

\$8.75 Additional

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

CARDER, JAMES C SR 2321 S. RIDGE WOOD AVE **EDGEWATER FL 32141**

Name	

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

TITLE

NAME

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

IONO (OLIANIOCO TO OCCIOEDO AND DIDECTORO IN A

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р	Delete	TITLE	☐ Change ☐ Addition
NAME	CARDER, JAMES C. SR.		NAME	
STREET ADDRESS	2117 RIVERSIDE DR		STREET ADDRESS	
	EDGEWATER FL		CITY-ST-ZIP	
TITLE	s	☐ Delete	TITLE	☐ Change ☐ Addition
NAME '	CARDER, ROSEMARY		NAME	
	2117 RIVERSIDE DR.		STREET ADDRESS	
	EDGEWATER FL	رموا رخيا	CITY-ST-ZIP	
TITLE	VP	Delete	TITLE	☐ Change ☐ Addition
NAME	CARDER, DALE B.		NAME	
	2117 S RIVERSIDE DRIVE		STREET ADDRESS	
	EDGEWATER FL 32141		CITY-ST-ZIP	

CARD 2122 WILLOW DAK UH

EDGEWATER FL ☐ Delete

☐ Delete	

☐ Delete

TITLE

CITY-ST-ZIP

STREET ADDRESS

TITLE

ı	NAME
ļ	STREET ADDRESS
ı	CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Chang

е	Addition

☐ Addition

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 eath; 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

SIGNATURE

4-28-03

386-427-9556

Change

Change

Date

Daytime Phone #