2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

338417 **DOCUMENT #**

1. Entity Name



FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90154 001 ***150.00

HOPE LAIND COMPAINT					<u>'</u>						
Principal Plac 400 E ATLANT POMPANO BE	TIC BLEVD AGH FL 33060	Mailing Address 400 E ATLANTIO BLVO POMPANO BEACH PL 33060									
	5757,000										
3195 North Howallow 3 95 North				FrankLIK	₽Æ. ''r	, 1168188 UII48 II	10) IBIA) 0180) IAD			811 81814 1884	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Sity & State	two Brack FGA	City & State	KH FLA	4. F	4. FEI Number 59-1282564				Applied For Not Applicable		
Zip	Country USA	Zio 33069	Coun		5 C				8.75 Additional see Required		
3306	6. Name and Address of Current R				7. N	lame and Addr	ess of New R				┨
			LIAM G. STEINMETZ								
STEINMETZ, WILLIAM G 400 E. ATLANTIC BLVD.				Street Address	(P.O. Bo				e t	<u>D-</u>	1
) BCH. FL 33060			5017	· Æ	100					1
		•		OHD .	<u>۔۔۔</u>	Borde	-14	FL	Zip Cod	e_9	1
	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	ered age			orida. I am fan	عوری niliar with,	and accept	1
٠	ions of registered agent.					•					
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature require	ed when rei	instating)		DATE			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00						Campaign Fir)0 May Be]
	Payable to Florida Department of	State				Trust Fur	nd Contributio	п, Ц	Added	d to Fees	E
10.	OFFICERS AND D	IRECTORS	11.		AD	DITIONS/CHAN	IGES TO OFF	ICERS AND D	IRECTOR	S IN 11	_ [
TITLE NAME	D ROEPNACK, DAVID H	☐ Delete	TITLE NAM					Ξ	_ Change	Addition	6
STREET ADDRESS	8972 N.W. 23RD STREET			ET ADDRESS							1
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY	-ST-ZIP							Š
TITLE	PD	Delete	TITLE] Change	☐ Addition	è
NAME STREET ADDRESS	ROEPNACK, PAUL A P.O. BOX 160330		NAM STRE	ET ADDRESS							
CITY-ST-ZIP	BIG SKY MT 59716			-ST-ZIP							
TITLE	D :	☐ Delete	TITLE		•				Change	☐ Addition	1
NAME	BEARD, SANDRA L		NAM				•				
STREET ADDRESS CITY-ST-ZIP	2120 SPRINGS PLACE LONG MONT CO 27513			ET ADDRESS - ST-7IP							
TITLE	D	☐ Delete	TITLE	:				Г	7 Change	☐ Addition	†
NAME	ROEPNACK, ROBERTA		NAM					•			
STREET ADORESS	115 WHITE SANDS DR			ET ADDRESS							
CITY-ST-ZIP	CARY NC 27513			-ST-ZIP					7.0		-
TITLE NAME		☐ Delete	TITLE NAM:					[_] Change	☐ Addition	
STREET ADDRESS				ET ADDRESS							
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NAME			NAM								
STREET ADORESS CITY-ST-ZIP	,			ET ADDRESS - ST- ZIP							
	certify that the information supplied with t	his filling does not qualify fo			Section 1	119.07(3\/ii) Elo	rida Statutes	I further certify	that the i	nformation	-
indicated	on this report or supplied with t	rue and accurate and that r	nu cianal	hira chall have the	eama l	o.o. (o)(i), i lo anal effect as if	made under i	nath: that I am	an officer	or director	1

SIGNATURE:

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath, that it air air an officer 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.

Daytime Phone #