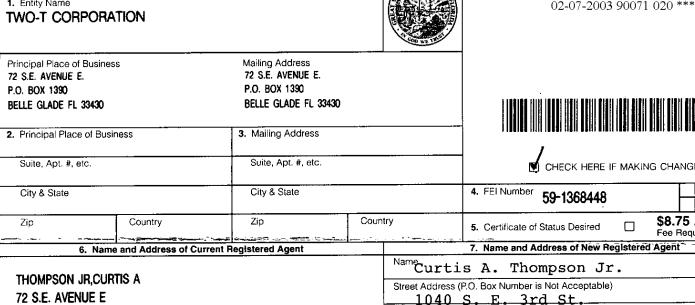
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

371047 **DOCUMENT #**

1. Entity Name



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90071 020 ***150.00

P.O. BOX 1390 BELLE GLADE FL 33430		P.O. BOX 1390 BELLE GLADE FL 33430							
2. Principal Place of Business		3. Mailing Address) (00)60 (11(t) (004) (14(1) 05(1) 0)0() •	1861 313 11 31316	J1011 01011 011	### 310 11 #30 #
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	е	City & State				4. FEI Number 59-1368448	8 Applied For Not Applicable		
Zip	Country	Zip Count		try		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Re	gistered Age	ent	
THOMPSO	on Jr,Curtis A /Enue e		Street Address			S. E. 3rd St.			
	ADE FL 33430	City				Glade, Fl.	FL	3 3 4 Zip Code	Э
the obligat SIGNATURE F After	named entry submits this statement for ions of reduced dagent. Signature, typed or printed errie of registered gent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	Cu Cu (NOTE	rtis		homp	son JrPres.	DATE	÷03	
	Payable to Florida Department o					150000000000000000000000000000000000000		IDEOTO D	2 131 44
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFIC		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON JR,CURTIS A 72 S.E. AVENUE E BELLE GLADE FL	Delete					L	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, CURTIS A BOX 2227 CLEWISTON FL 33440	☐ Delete					С	Change	☐ Addition
TITLE NAME	VPD THOMPSON, FRANK A 216 7TH AVE NE	☐ Delete	TITLE NAMI STRE					Change	Addition
CITY-ST-ZIP	ST.PETERSBURG FL 33704		CITY	-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, JANE M. 1040 S.E. 3RD STREET BELLE GLADE FL	☐ Detete	4	1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete					· [Change	☐ Addition
TITLE NAME	· ·	Delete	TITLE				[Change	☐ Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tenest 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 for the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered

561-996-5264 SIGNATI Thompson Jr.-Pres.