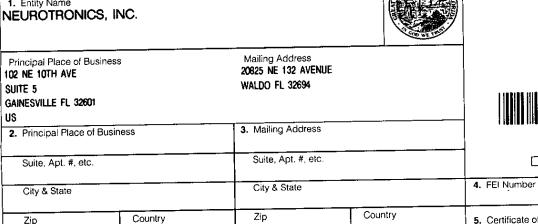
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

388362 **DOCUMENT #**

1. Entity Name



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90019 004 ***150.00

O2 NE 10TH AVE SUITE 5 SAINESVILLE FL 32601 US 2. Principal Place of Business		20825 NE 132 AVENUE WALDO FL 32694 3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-1410850	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addi Fee Required	itional	
6. Name and Address of Curr		t Registered Agent		7. Name and Address of New Registere	d Agent		
-	O. Hame and Address of Control	<u> </u>	Name				
SMITH, JAC			Street Addres	dress (P.O. Box Number is Not Acceptable)			
20825 NE 1 WALDO FL							
			City	F	L Zip Code	9	
the obligati	ons of registered agent.			stered agent, or both, in the State of Florida. I a			
AIGNAMOUTE =	Signature, typed or printed name of registered age	nt and title if applicable. (N	NOTE: Registered Agent signature req	(ured when reinstating)			
3 After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	0 of State	·	9. Election Campaign Financing Trust Fund Contribution.	Added	0 May Be I to Fees	
10.		ID DIRECTORS	. 11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS		á
TITLE NAME STREET ADDRESS	CSD SMITH, DARI 700 S.W. 16TH PLACE GAINESVILLE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	☐ Addition	CD/07/10/02
TITLE NAME	PD Smith, Jack 20825 Ne 132 avenue	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	200
	WALDO FL 32697 VD MCCARTHY-SMITH, 20825 NE 132 AVENUE	Delete	TITLE NAME STREET ADDRESS		Change	☐ Addition	
TITLE NAME	WALDO FL 32697 C SHANAHAN, STACI 9234 BAY DRIVE	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP TITLE NAME	SURFSIDE FL 33154	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		☐ Change	☐ 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATUR SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR