2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 01, 2003 8:00 am Secretary of State

1. Entity Nam	MENT #	,	0428 es, inc.	/	/			08-01-2003	90059 04	5 ***5:	50.00		
Principal Place of Business 3131 US HWY 441-27 FRUITLAND PARK FL 34731 US				Mailing Address HWY. 441-27 NORTH P O BOX 483000 LEESBURG FL 34748 US									
2. Principal F	Place of Busine	88	3. Ma	ailing Address]	r ###(194 #400); angli na (1) Ajala (1)41	IS CHRI DITILI DITI	i bidh bibil	OLESO DIELS IDDI		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			Cit	City & State			4. 1	59-1396889			Applied For Not Applicable		
Zip Country			Zip	· · · · · · · · · · · · · · · · · · ·	try	5. Certificate of Status Desired Sesired Ses			Iditional ed				
	6. Name a	nd Address of	Current Register	ed Agent			7. N	lame and Address of New Re	gistered A	ent			
ليم يصلحون المستحدد ا						Name				_ ~~			
l .	.O, STEPHEN My 441-27	P			Street Address (P.O. Box Number is Not Acceptable)								
331 US HWY 441-27 FRUITLAND PARK FL 34731													
						City FL Zip Code					e		
	named entity s tions of register		tement for the pur	pose of changing its	register	ed office or register	red age	ent, or both, in the State of Flor	ida. Lam far	niliar with	, and accept		
SIGNATURE :	Signature, typed or	printed feme of regi	stered agent and title if ag	pecable. (NOT	E: Registere	d Agent signature require	d when re	instating)	DATE		pplied For or Applicable of Applicable of Applicable of Applicable of Applicable of Addition of Additi		
	W. F. 610314111	TCE 10 845					_						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fina Trust Fund Contribution		\$5.C Adda	DO May Be d to Fees		
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12. I hereby of indicated of the corrections of the	certify that the in on this report of poration or the or on an attact	nformation sup or supplementa receiver or tra- nment with	ried with this filing report is true and tee empowered of address, with a rot	does not qualify for accurate and that in execute this report he like empowered.	the exer ny signat as requir	nption stated in Se ure shall have the s ed by Chapter 607	ection 1 same le , Florid	19.07(3)(i), Florida Statutes. I egal effect as if made under oa la Statutes; and that my name	urther certify ith; that I am appears in B	that the in an officer lock 10 or	nformation or director r Block 11 if		