2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

1. Entity Name

ORLANDO FL 32804

SIGNATURE

10.

TITLE

NAME

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NAME STREET ADDRESS

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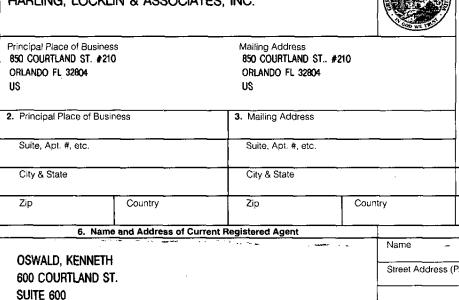
CITY-ST-ZIP



May 05, 2003 8:00 am & Secretary of State 05-05-2003 91428 025 ***158.75

FILED

412310 HARLING, LOCKLIN & ASSOCIATES, INC.



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 59-1422321 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City Zio 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Delete TITLE ☐ Change HARLING, HUGH W JR NAME 746 FLORIDA BLVD. STREET ADDRESS ALTAMONTE SPR, FL 00000 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS CITY ST. 7IP

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 cath; 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Delete

☐ Change

Addition