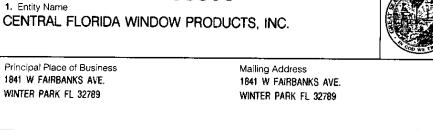
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

430830



**FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90319 016 \*\*\*150.00

WINTER PARK FL 3278	WINTER PAR	rbanks ave. RK FL 32789							
2. Principal Place of B	3. Mailing Ad	ddress	<del></del>	<u> </u>					
Suite, Apt. #, etc.	Suite, Apt.	#, etc.			CHECK HERE IF MAKING CHANGES				
City & State	City & Stat	le		4.	FEI Number 59-1470108 Applied For Not Applied For				
Zip	Country	Zip		Country		Certificate of Status Desir	ed 🗌	\$8.75 Ac	dditional
6. Na	me and Address of Curre	nt Registered Age	nt		7.	Name and Address of Ne	ew Registered	Agent	<del></del>
MCNATT, BARBARA A 395 PALMETTO STREET OVIEDO FL 32765				Name, Street	Street Address (P.O. Box Number is Not Acceptable)				
0.1250 12.02750	:			City			FL	Zip Co	de
signature	ntity submits this statement gistered agent.						of Florida. I am		, and accept
		п али ппе п аррпсавте.	(NOTE: Hegi	stered Agent signa	ture required when r	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Trust Fund Contrib	~ _	<b>\$5.</b> 0 Adde	DO May Be d to Fees
10.	OFFICERS AN	DIRECTORS		11.	AE	DITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 11
STREET ADDRESS 1248 BA	SON, ROBERT ALMY BEACH DR A FL 32703			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
STREET ADDRESS 395 PAL	T, BARBARA A METTO STREET FL 32765		;	TITLE NAME Street Address City-St-Zip				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE  YAME  STREET ADDRESS  CITY-ST-ZIP	عدد مالاند بالمامناها.		_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS City-St-Zip			n S	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ţ		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP			h S	TITLE NAME STREET ADDRESS STY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	the information supplied with		N S C	ITLE IAME TREET ADDRESS ITY-ST-ZIP				☐ Change	☐ Addition

indicated on this report or 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.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR