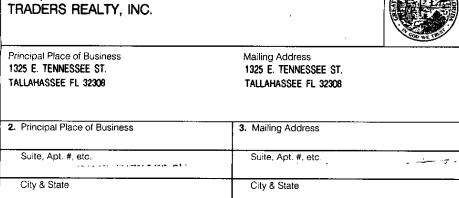
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

446455 **DOCUMENT #**

1. Entity Name



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90041 049 ***150.00

22004552



				I .				
City & State		City & State		4. F	^{-El Number} 59-1510920		pplied For ot Applicabl	
Zip	Country	Zip	Country	5. (88.75 Ad	ditional	
	6. Name and Address of Current Re	gistered Agent		7. N	Name and Address of New Registered A			
		<u></u>	Name		tamo ana Adaloso of tion riogistorea A	gont		
HARRIS, (F			f					
1325 E. TENNESSEE ST.			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAS								
			City		FL	Zip Cod	ie .	
8. The above	named entity submits this statement for th	e purpose of changing	its registered office or re	gistered age	ent, or both, in the State of Florida. I am fa	miliar with,	and accept	
the obligation	ons of registered agent.						·	
: SIGNATURE _					•			
	Signature, typed or printed name of registered agent and	title if applicable. (N	OTE: Registered Agent signature	required when re	instating) DATE	:		
į FI	LE NOW!!! FEE IS \$150.00							
	May 1, 2003 Fee will be \$550.00			رازيند دايات	9. Election Campaign Financing		May Be	
Make Check	Payable to Florida Department of Si	tate			Trust Fund Contribution.	Added	d to Fees	
10.	OFFICERS AND DIF	RECTORS	11.	ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
	PD	☐ Delete	TITLE			☐ Change	Additio	
	HARRIS, RONALD A		NAME					
	2019 LEE AVE		STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP					
TITLE	LIADDIC DONALD A	Delete	TITLE			Change	Addition Addition	
	Harris, ronald a 2019 Lee Ave		NAME OTREET + PROFESS					
	TALLAHASSEE FL		STREET ADDRESS CITY-ST-ZIP					
	S							
	MOORE, TRACEY J.	☐ Delete	TITLE NAME			☐ Change	Addition Addition	
	1634 SPRINGWOOD DR.		STREET ADDRESS					
	TALLAHASSEE FL		CITY-ST-ZIP					
TITLE	VP ,	☐ Delete	TITLE			☐ Change	Addition	
NAME	MOORE, TRACEY J.		NAME			G.ange	noullo	
	1634_SPRINGWOOD_DR		STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		CITY-ST-ZIP	<u> </u>	·		 .	
TITLE		Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS		•			
CITY-ST-ZIP		<u></u> .	CITY-ST-ZIP				·· - · <u>-</u> · · <u>- · · · · · · · · · · · · · · · · </u>	
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	ertify that the information supplied with this							

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.

