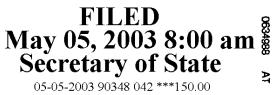
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

450198 **DOCUMENT #**

changed, or on an attachment with an address, with all other like empowered,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _



772-571-6990

Daytime Phone #

FELLSMERE ENTERPRISES, INC.							03-03-2003 90	<i>)</i> 346 042	130.0	Ü	
Principal Place of Business 126 MYRTLE STREET P.O. BOX 243 FELLSMERE FL 32948 US		126 MYF P.O. BO	Mailing Address 126 MYRTLE STREET P.O. BOX 243 FELLSMERE FL 32948 US								
2. Principal F	Place of Business	3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City 8	City & State				4. FEI Number 59-1518925 Applied For Not Applied For				
Zip Country		Zip Cour			ntry -		ertificate of Status Desired		\$8.75 Add	ot Applicable ditional	
	6Name and Address of Curre	nt Registered	Agent				me and Address of New R		Fee Require		
		in registered	Agont		Name		THE HOLD PARTY OF THE PARTY OF	ogroupi cu z	.gom		
CLAVELIN, 126 MYRTI	Frank L. Le street		-			Street Address (P.O. Box Number is Not Acceptable)					
	E FL 32948										
					City			FL	Zip Code	e	
	e named entity submits this statemen	t for the purpo	se of changing its	s registere	ed office or register	red ager	nt, or both, in the State of Flo	rida. I am f	amiliar with,	and accept	
SIGNATURE											
· OIGNATORE	Signature, typed or printed name of registered ag	ent and title if applic	able. (NO)	TE: Registere	d Agent signature required	d when reins	stating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fée will be \$550.0 c Payable to Florida Department						Election Campaign Fin Trust Fund Contribution	~ ~		May Be I to Fees	
10.	OFFICERS AN	ND DIRECTOR		11.	 _	ADD	ITIONS/CHANGES TO OFFI	CERS AND			
NAME	CLAVELIN, FRANK L. 126 MYRTLE STREET FELLSMERE FL		Delete						Change	Addition Addition	
	V CLAVELIN, WILLIAM S. 667 HIGHLAND AVENUE PEEKSKILL NY		☐ Delete		ı	_			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delete		l l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		,				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				Change	Addition	
indicated	certify that the information supplied v on this report or supplemental repor poration or the receiver or trustee en	t is true and a	ccurate and that r	my signat	ure shall have the:	same led	al effect as if made under o	ath; that I a	m an officer	or director	