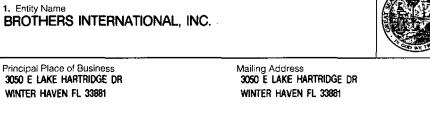
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

451161 DOCUMENT #



May 01, 2003 8:00 am

Secretary of State

05-01-2003 9035€ 000 500 **FILED**

					OF WELL	1					
Principal Plac 3050 E LAKE WINTER HAV	HARTRIDGE		Mailing Address 3050 E LAKE HARTRIDGE DR WINTER HAVEN FL 33881								
Principal Place of Business 3. Mailing Address					·····			1161 11 11 1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4, 1	4. FEI Number 59-1534669 Applied F			oplied For	
Zip Country			Zip	ntry	5. (5. Certificate of Status Desired S8.75 Additional Fee Required			ditional		
	6. Name	and Address of Current I	Registered Agent			7. 1	Name and Address of New I	Registered /	laent		
					Name				-		
	n, robert Idgewood				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 20		AVENUE									
DAYTON	L 32114			City			FL	Zip Cod	e		
	e named entit tions of regist		the purpose of changing its	register	red office or regis	tered ag	ent, or both, in the State of Fl	orida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	ed Agent signature requ	ired when re	ainstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
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 Find Trust Fund Contribution	· ·		0 May Be I to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ΑD	L DITIONS/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11	
TITLE	I DP	OT TOCHO AND	Delete	TITL			DITIONO/OFFICIALD TO OFF	1021107412	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	JOHNSOI	n, richard g ake hartridge dr Haven fl	Delete	NAN STR					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 S. RI	n, robert l Dgewood avenue, si N beach fl 32114	□ Delete						Change	Addition	
TITLE			☐ Delete		ŀ				☐ Chaпge	Addition	
TITLĘ NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	

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 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.