2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT

465713



FILED
Mar 31, 2003 8:00 am
Secretary of State

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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code S. 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Details TITLE PT CONDO, HAROLD H. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS WINTER PARK FL CITY-SI-JP STREET ADDRESS WINTER PARK FL CITY-SI-JP STREET ADDRESS WINTER PARK FL STREET ADDRESS WINTER PARK FL CITY-SI-JP STREET ADDRESS STREET ADDRESS WINTER PARK FL STREET ADDRESS STREET ADDRES | l For olicable | | |
| City & State Country Country Country S. Certificate of Status Desired S8.75 Addition Fee Required Fee Required Name Name Name City Street Address of New Registered Agent Name City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE NAME STREET ADDRESS CITY-S1-ZIP ITILE S Delete TITLE Change | olicable | | |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAROLD H. CONDO 680 VIA LUGANO WINTER PARK FL 32789 City FL Zip 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE TITLE PT ONDO, HAROLD H. SIREET ADDRESS CITY-SI-ZIP TITLE S Delete TITLE S Delete TITLE Condance S 5. Certificate of Status Desired \$8.75 Addition Fee Required Agent \$8.75 Addition Fee Required Agent \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME Change Change STREET ADDRESS CITY-SI-ZIP TITLE Condance S 5. Certificate of Status Desired \$8.75 Addition Fee Required Agent \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME Change Change S 5. Certificate of Status Desired \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME Change Change S 5. Certificate of Status Desired \$1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME Change City-Si-Zip TITLE S Delete TITLE Condance S 6. VIA LUGANO WINTER PARK FL Change Change Change Condance Change C | olicable | | |
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| 6. Name and Address of Current Registered Agent HAROLD H. CONDO 680 VIA LUGANO WINTER PARK FL 32789 City City FL Zip Code 6. 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. Lam familiar with, and the obligations of registered agent. Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE CONDO, HAROLD H. STREET ADDRESS CITY-SI-ZIP TITLE S Delete TITLE S Delete TITLE S Delete TITLE S Delete TITLE Change | | | |
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| Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 12. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with the inf | Addition | | |

of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an address, with all other like er report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #