## FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #**

## FILED Mar 13, 2003 8:00 am **Secretary of State**

03-13-2003 90071 040 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

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Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent **DO NOT WRITE** Street Address (P.O. otable) IN THIS SPACE

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 accept the obligations of registered agent.

January 1 - May 1 Fee is \$150.00

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; 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 on an attachment with an address, with all other like empowered.

CR2E034B (12/02)