## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

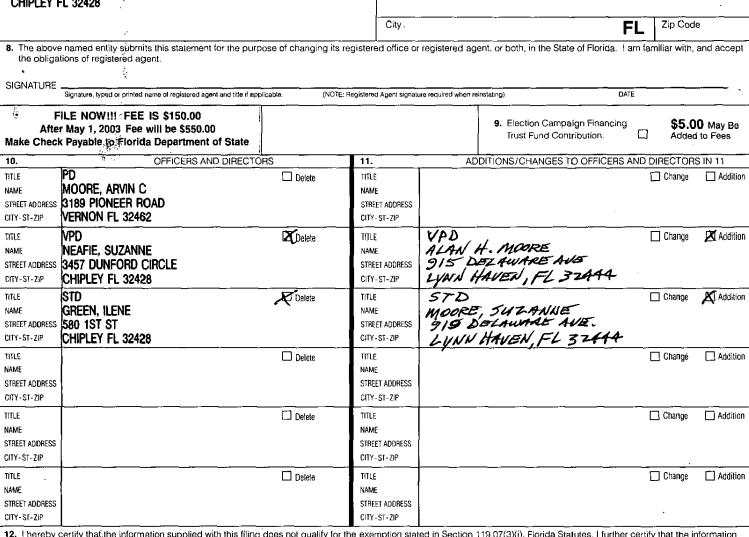
## 507252 **DOCUMENT #**

## 1. Entity Name

AMERICAN	IAINAEIAIME IIAVE	STIVIENT CONFORM	ION				
Principal Place of Business 3189 PIONEER ROAD VERNON FL 32462		Mailing Address P.O. BOX 525 VERNON FL 32482 US				ı ( <b>.</b> 1	
US		03					
2. Principal Place of Business		3. Mailing Address		I	4819 11991 Bille 1191 Bibli Bibli 1	HIRIT BIBNI BIBNI BIBNI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-10	687932	Applied	
Żip	Country	Zip Country		5. Certificate of Status Desired See Required			
6. 1	Name and Address of Ci	urrent Registered Agent		7. Name and Address of New Registered Agent			
NEAFIE, SUZANN	/E		Name				
3957 DUNFORD	,		Street Addre	ess (P.O. Box Number is Not A	(cceptable)		
CHIPLEY FL 3242	28						
			City.		FL	Zip Code	
the obligations of		nent for the purpose of changi	ng its registered office or reg	sistered agent, or both, in the S	State of Florida. I am fan	niliar with, and a	
SIGNATURE	typed or printed name of registere	ed agent and title if applicable.	(NOTE: Registered Agent signature re	quired when reinstating)	DATE		
After May 1	OW!!! FEE IS \$150.0 I, 2003 Fee will be \$55 ble to Florida Departm	60.00			mpaign Financing Contribution.	\$5.00 May Added to Fe	

**FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90135 025 \*\*\*150.00



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.

SIGNATURE:

Chief Connes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Applied For Not Applicable