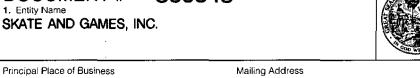
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

560548 DOCUMENT



FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90087 027 ***150.00

				WE TE	
Principal Place of Business 1125 W. JEFFERSON ST. BROOKSVILLE FL 34601		Mailing Address 12219 S ISTACHATTA R FLORAL CITY FL 34436	12219 S ISTACHATTA RD		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State	City & State		4. FEI Number 59-1832017 Applied For Not Applied For
Zip Country Country		Zip	Zip - Country		5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
				Name	
MORRIS,				Street Address	ss (P.O. Box Number is Not Acceptable)
	ISTACHATTA RD				
FLORAL CITY FL 34436					
				City	FL Zip Code
8. The above the obliga	e named entity submits this state tions of registered agent.	ement for the purpose of changing i	ts register	ed office or registe	stered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registe	ered agent and title if applicable. (NC	OTE: Registere	d Agent signature require	uired when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150 or May 1, 2003 Fee will be \$1 k Payable to Florida Depart	550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.55	OFFICE	RS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, H. EUGENE 12219 S ISTACHATTA RD FLORAL CITY FL 34436	☐ Delete		1	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, PAMELA 12219 S ISTACHATTA RD FLORAL CITY FL 34436	☐ Delete	TITLI NAM STRE	<u> </u>	☐ Change ☐ Addition
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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: