2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

583134 DOCUMENT #

Country

6. Name and Address of Current Registered Agent

LAKELAND FL 33815

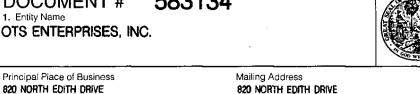
2. Principal Place of Business

JACKSON, NELDA S.

Suite, Apt. #, etc.

City & State

Zip



LAKELAND FL 33815

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.



FILED Apr 11, 2003 8:00 am secretary of State

04-11-2003 90163 014 ***150.00

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☐ CHECK HERE IF MAKING CHANGES								
4. FEI Number	Applied For							
59-1844329	Not Applicable							
5. Certificate of Status Desired								
7. Name and Address of New Registered Agent								
O. Box Number is Not Acceptable)								
FL Z	ip Code							
diagent, or both, in the State of Florida, I am familia	ar with and accent							

820 N. EDITH AVENUE LAKELAND FL 33801			Street Addres	s (P.O. Box Number is Not Ac				
LAKELANI	D FL 33801	•	City	<u></u>	FL	Zip Code	<u> </u>	
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. Signature. 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. Signature by the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature by the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature by the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature by the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature by the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature by the state of Florida. I am familiar with, and accept the obligations of registered agent. Signature by the state of Florida. I am familiar with, and accept the obligations of registered agent.								
Afte Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			9. Election Cam Trust Fund Co	ontribution.	Added	May Be to Fees	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, NELDA S. 817 N. SWINDELL AVENUE LAKELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С] Change	Addition	

Country

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: