2003 FOR PROFIT CORPORATION

	NIFORM BUSINI	ESS	REPOR	₹ Т ((UBR	i)	J	an 15, 20	UD 9:	uu am
	JMENT # 58396							Secretar 01-15-2003 902	y of S	tate
NISTO, I	INCORPORATED	1	•					01-13-2003 902	93 034	130.00
Principal Place of Business 1286 PRESQUE ISLE OR PORT CHARLOTTE FL 33952			Mailing Address 1286 PRESQUE ISLE DR PORT CHARLOTTE FL 33952				ουυρχ17			
		ron	O CHARLOTTE PL S	10302		ļ				
2. Principal Place of Business			3. Mailing Address						CHOIL CHAIL BIRLING	1011 81811 01011 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.				l l	☐ CHECK HERE IF MA	KING CHANG	SES
City & State			City & State				4. FEI Number 59-1840502 Applied For Not Applicable			
Zip Country		Zip		Country			5. Certificate of	of Status Desired	\$8.75 Fee Req	Additional
	6. Name and Address of Current	Register	red Agent				7. Name and	Address of New Regist	ered Agent	
CHAHGO	E, CYNTHIA				Name					
	ESQUE ISLE DR					Street Address (P.O. Box Number is Not Acceptable)				
			<u> </u>							
PURI CE	HARLOTTE FL 33952									
					City				FL Zip C	Code
8. The abov	re named entity submits this statement for	r the nur	nose of changing it	e rogistors	L office or					
the obliga	ations of registered agent.	, the purp	soco or changing it	a registere	su onice o	registere	o agent, or both	, in the State of Florida.	i am tamiliar w	ith, and accept
848444										
SIGNATURE	Signature, typed or printed name of registered agent	and title if an	plicable. (NO	TF: Benistered	1 Agent signat	ura required u	vhen reinstating)			
			1 (1.0	TE. Hogisteroc		nie reduited w	when remstating)		ATE	
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		j				9. Elec	tion Campaign Financin	g \$ 4	5.00 May Be
Make Chec	k Payable to Florida Department of	State						Fund Contribution.		ded to Fees
10.	OFFICERS AND)RS	11.			ADDITIONS (C	HANGER TO OFFICE	AND 01000	
TITLE	DT	DINLOTO	Delete	TITLE		l	ADDITIONS/C	HANGES TO OFFICERS		
NAME	GLANTZ, KIMBORLN		G KDelete	NAME					Chang	ge 🔲 Addition
STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL			CITY-	ST-ZIP					
TITLE	S		Delete	TITLE				·	☐ Chang	e
NAME .	NIST, BONNIE			NAME						jo
STREET ADDRESS	18917MCGRATH	_			T ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			CITY-	ST-ZIP					 .
TITLE	PT CHANGE CARE		Delete	TITLE		DPT	3	• -	Chang	e 🔲 Addition
NAME STREET ADDRESS	CHAUSSE, CYNTHIA		·	NAME		Chaus	se Cynth	NOL TELA DR		
CITY-ST-ZIP	1286 PRESQUE ISLE DR PORT CHARLOTTE FL 33952				T ADDRESS	1286	e riesque	ia LISIE DR. IE FI 33952		
TITLE	VS		/		ST-ZIP	POKI	Charlet	F 1 3373 Z		·
NAME	NIST, BONNIE		Delete	TITLE					☐ Chang	e 🔲 Addition
STREET ADDRESS	18917 MCGRATH			NAME STREET	T ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33948			CITY-S						
TITLE			Delete							
NAME			L.J UEIETE	TITLE	1				☐ Chang	e 🗌 Addition
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-S						
TITLE			☐ Delete	TITLE					Char-	
NAME				NAME					☐ Change	Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S						

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 mistee 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:

Daytime Phone #