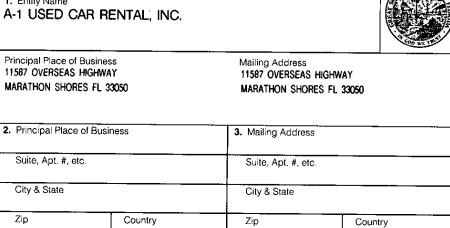
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

591416 **DOCUMENT #**

1. Entity Name

SIGNATURE:



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90121 031 ***150.00

	5.15.16.76	MARKINON SHURES PL	33050			
2. Principal F	Place of Business	3. Mailing Address	-			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	te	City & State		4. FEI Number 59-1881865 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
RAMSEY; RICHARD A. 11587 OVERSEAS HIGHWAY			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
MARATHO	ON SHORES FL 33052		City	□ Zip Code		
8. The above the obligat	named entity submits this statement for jons of registered agent.	r the purpose of changing its	'	gistered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: : Registered Agent signature rea	equired when reinstating)		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	PD RAMSEY, RICHARD A. 11587 OVERSEAS HWY. MARATHON FL	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
	S RAMSEY, THEADORA M. 11587 OVERSEAS HWY. MARATHON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	· •••• • • • • • • • • • • • • • • • •	_3·Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ · - ☐ Change ☐ Addition		
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TLE AME Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
of the corp	oration or the receiver or trustee emporor on an attachment with an address, w	vered to execute this report a	s required by Chapter (n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		