2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 598601



FILED Mar 06, 2003 8:00 am Secretary of State

| 1. Entity Nar ARI PROF | ^{me} PERTIES, IN | IC. | | | | | | 03-06-2003 9 | 90117 04 | 7 ***150. | .00 | |
|---|---|--|-----------------------|--|--------------------------|------------------------|-------------|-------------------------------------|-------------------------|---------------|-------------------------------|-----|
| Principal Place of Business 220 E MAIN ST BARTOW FL 33830 US | | | P O BOX | Mailing Address P O BOX 250 BARTOW FL 33831 US | | | | | | | | |
| 2. Principal F | Place of Busines | 3. Mailing Address | | | | | | | | 1111 1111 111 | | |
| Suite, Apt. #, etc. | | | Suite, A | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & \$ | City & State | | | 4. | 4. FEI Number 59-1934451 | | | Applied For Not Applicable | |
| Zip Country | | | Zip | Zip Cou | | ntry 5. | | Certificate of Status Desired | | \$8.75 Add | | 1 |
| | 6. Name an | d Address of Current | Registered A | gent | | | 7. | Name and Address of New Re | egistered A | gent - | |]- |
| WILSON, DONALD H. JR. | | | | | - | Name Street Address | ~ (B.O. E | Box Number is Not Acceptable | | | | - |
| 245 S'CENTRAL AVE | | | | | | Sireet Address | S (F.O. E | sox Number is Not Acceptable, | , | | | l |
| BARTOW FL 33830 | | | | | | | | | * ** | | | 1 |
| <i>3</i> 4 | | | | | | FL Zip Code | | | | | 1 | |
| 8. The above the obligat | e named entity su tions of registere | ubmits this statement fo d agent. | or the purpose | of changing its re | egistered | office or regist | tered ag | gent, or both, in the State of Flor | rida. I am fa | amiliar with, | and accept | 1 |
| SIGNATURE | Signature, typed or pr | rinted name of registered agent | and title if applicat | ile. (NOTE: f | Registered A | Agent signature requi | red when re | einstating) | DATE | | | |
| | | FEE IS \$150.00 | | , , <u>-</u> | | | | 9. Election Campaign Fina | ancino | \$5.0 | 0 May Be | 1 |
| | | Fee will be \$550.00 orida Department o | f State | | | | | Trust Fund Contribution | | | to Fees | l |
| 10. | | OFFICERS AND | | | 11. | | ΔΓ | L DDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | C INI 11 | ┨ |
| TITLE | DCP | O) TIOLITO I III | - Dirico Torio | ☐ Delete | TITLE | | | DETICINATORIANGES TO OFFI | CENS AND | Change | Addition | 1 3 |
| NAME | STUART, W.H | | | | NAME | | | | | - ondings | | 13 |
| | 220 E.MAIN S | ST. | | | | ADDRESS | | | | | | } |
| CITY-ST-ZIP | BARTOW FL | | | | CITY-S | T-ZIP | | | | | | 18 |
| NAME STREET ADDRESS | HINTON, BRIA 220 E. MAIN | | | ☐ Delete | •TITLE NAME STREET | ADDRESS | | | | ☐ Change | Addition | 6 |
| | BARTOW FL | | | | CITY-S | T-ZIP | | | | | | |
| TITLE . | | | | Delete | TITLE NAME | | - | - | | ☐ Change | Addition | |
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| NAME | | | | | NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | OTY-S | ADDRESS 7 7 ID | | | | | | |
| | <u> </u> | | | | | 1-216 | | | | | | - |
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| STREET ADDRESS | | | | , | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY-S1 | r-ZIP | | | | | | |
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| NAME | | | | | NAME | | | | | - | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | ADDRESS | | | | | , | |
| | ertify that the inf | ormation supplied with | this filing dos | e not qualify for 4 | CITY-ST | | Postice : | 119.07(3)(i), Florida Statutes. I | formalis and the second | 6 . +b - + +' | | |
| indiantal | on this annual ar | S Gaori Sappilea With | i in no minigi doe | o not quality for th | ie eveint | mon stated iff a | COUCH. | ттэ.отдэдц, monua Statutes. Г | iuriner ce r ti | y mai the in | normation | 1 |

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 impowered.

SIGNATURE:

SIGNATURE AND DAFED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT NAME OF SIGNING OFFICER OR DIRECTOR