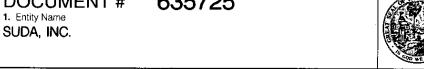
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

635725

1. Entity Name



Principal Place of Business Mailing Address 108 ROBIN ROAD 108 ROBIN ROAD ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90167 004 \*\*\*150.00

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| Principal Place of Business     3. Mailing Address                          |  |                     |   |   |
|---|--|---------------------|---|---|
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |   | ☐ CHECK HERE IF MAKING CHANGES  |
| City & State  |  | City & State        |   | 4. FEI Number 59-1937195 Applied For Not Applied be   |
| Zip   | Country  | Zip                 | Country   | 5. Certificate of Status Desired \$8.75 Additional Fee Required                                 |
|   | 6. Name and Address of Current   | Registered Agent    |   | 7. Name and Address of New Registered Agent   |
| MILLER, WILLIAM R.<br>147 VARIETY TREE CIRCLE<br>ALTAMONTE SPRINGS FL 32701 |  |                     | Street Addres   | ss (P.O. Box Number is Not Acceptable)  |
|   |  |                     | City  | FL Zip Code   |
|   | named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent. | ·                   | s registered office or regis  TE: Registered Agent signature requ | stered agent, or both, in the State of Florida. I am familiar with, and accept                  |
| After<br>Make Check   | ILE NOW!!! FEE IS \$150.00<br>r May 1, 2003 Fee will be \$550.00<br>c Payable to Florida Department o                    | <u>+</u>            |   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees            |
| 10.   | OFFICERS AND   | DIRECTORS           | 11.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | P<br>MILLER, WILLIAM R<br>147 VARIETY TREE CIRCLE<br>ALTAMONTE SPRING FL   | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | ☐ Change ☐ Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | S<br>MILLER, DONNA G<br>147 VARIETY TREE CIRCLE<br>ALTAMONTE SPRING FL   | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | ☐ Change ☐ Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  | □ Delete<br>·       | TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | ☐ Change ☐ Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  | ☐ Delete            | TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | ☐ Change ☐ Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |  | Delete              | TITLE NAME STREET ADDRESS CITY-ST-ZIP                             | ☐ Change ☐ Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       | ertify that the information supplied with  | Delete              | TITLE NAME STREET ADDRESS CITY-SI-ZIP                             | Change Addition  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: League

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR